

## ARIZONA STATE—EMPLOYEE FLU CONSENT 2022

I have read or have had explained to me the information about the influenza (flu) vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand that I should not receive the vaccine if I: **(1) have ever had a serious allergic reaction to eggs or to the vaccine; (2) have a fever, acute respiratory or other active infection or illness; (3) have a history of Guillain-Barre Syndrome (a severe, paralytic illness).**

The 2022–2023 Quadrivalent vaccine virus strains are: an A/Victoria/2570/2019 (H1N1)pdm09-like virus a A/Darwin/9/2021 (H3N2)-like virus; B/Austria/1359417/2021 (B/Victoria lineage) -like virus; and B/Phuket/3073/2013 (B/Yamagata lineage) -like virus.

The flu vaccine cannot cause the flu because it uses dead viruses. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals. Most people have no side effects from receiving the flu shot. Serious side effects, such as severe allergic reactions, have rarely been reported for the flu vaccine. I understand the benefits and risks of the vaccine and request that the vaccine be given to me or to the person named below for whom I am authorized to make this request. Healthwaves practices in accordance with the HIPAA regulations as it pertains to privacy practices and patient confidentiality regarding protected health information.

UPDATED 08/2022

*X* \_\_\_\_\_  
**Signature**

TODAY'S DATE:     /     /

MM/DD/YY

### INFORMATION ON PERSON TO RECEIVE VACCINE (PLEASE PRINT)

NAME — LAST, FIRST, MIDDLE INITIAL		DATE OF BIRTH <b>MM/DD/YY</b>	AGE	SEX AT BIRTH
MAILING ADDRESS ( <b>NEEDED FOR 18 AND UNDER ONLY</b> )		<input type="radio"/> Employee	<input type="radio"/> Spouse	<input type="radio"/> Dependent
CITY	STATE	ZIP	PHONE	

### STATE EMPLOYEE INFORMATION (PLEASE PRINT)

NAME—LAST, FIRST, MIDDLE INITIAL	EIN (EMPLOYEE IDENTIFICATION NUMBER)
BENEFIT OPTIONS INSURANCE CARRIER <input type="checkbox"/> Blue Cross Blue Shield of Arizona <input type="checkbox"/> UnitedHealthcare <input type="checkbox"/> Other: _____	
YOUR STATE AGENCY   CITY	PHONE

### SELECT VACCINE (✓)

- Quadrivalent Flu**  
CDC Info. Sheet 08/06/21

*Flu shot FREE to State Employees. Flu shot also FREE to dependents, spouses, and retirees with a Benefit Options insurance card.*

### HEALTHWAVES PERSONNEL ONLY

LOCATION	FLU SHOT	INITIALS
	RN     ARM	