

# FLU SCREENING & CONSENT FORM



Smithsonian

Office of Safety, Health, and Environmental Management

OCCUPATIONAL HEALTH SERVICES

## 2024–2025 SCREENING AND CONSENT FORM FOR THE INACTIVATED FLU VACCINE

### PRIVACY ACT NOTICE

The collection and use of the information obtained in the completing of this form is consistent with the provisions of 5 USC 552a, 5 USC 7901, and Public Law 103-356. The information will become part of your official employee record and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10 (the OPM system of records). Participation in the Smithsonian Institution Influenza campaign is voluntary.

The following questions will help determine if there is any reason you shouldn't receive the flu vaccine today. If you answer "yes" to any question, it doesn't mean you shouldn't be vaccinated. It just means additional questions must be asked.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Worksite \_\_\_\_\_

Select One

Federal Employee  Trust Employee  Volunteer  Intern  Contractor  Fellow  Other \_\_\_\_\_

### PLEASE ANSWER THE QUESTIONS BELOW

1	Are you sick today?	Yes	No
2	Do you have an allergy to eggs, latex, or any component of the flu vaccine?	Yes	No
3	Have you ever had a <b>serious reaction</b> to the flu vaccine?	Yes	No
4	Have you ever had Guillain-Barre Syndrome?	Yes	No
5	Are you <b>65</b> or older?	Yes	No
<b>MUST BE BORN ON OR BEFORE TODAY'S DATE IN 1959 OR EARLIER TO RECEIVE HIGH DOSE VACCINE.</b>			
6	<b>For women:</b> Are you pregnant or breastfeeding?	Yes	No

I have reviewed the flu vaccine information (VIS) sheet and understand the risk and benefits of receiving the vaccine.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FLU VACCINE ADMINISTRATION

MANUFACTURER Sanofi Pasteur

IM QUADRIVALENT: LOT #UT8134MA

EXP 06/30/2025

INJECTION SITE  Right Deltoid  Left Deltoid

IM HIGH DOSE: LOT #U8485MA

EXP 06/30/2025

Signature \_\_\_\_\_ Date \_\_\_\_\_