

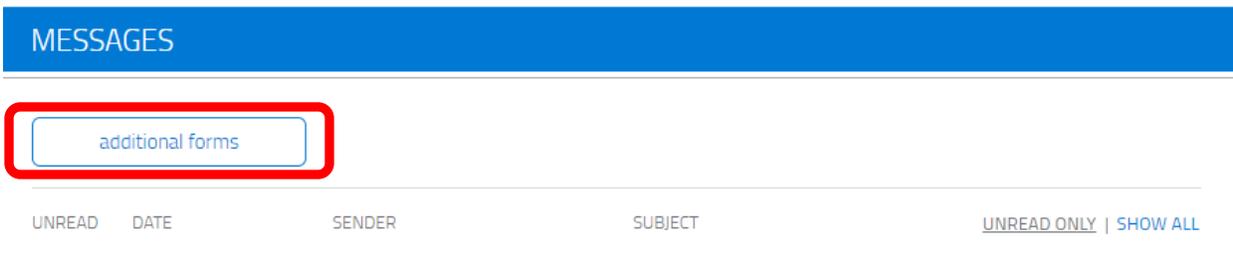
Access employee portal and select message Center.

WELCOME TO THE WORKREADY EMPLOYEE HEALTH PATIENT PORTAL — PLEASE SELECT FROM THE MENU BELOW.

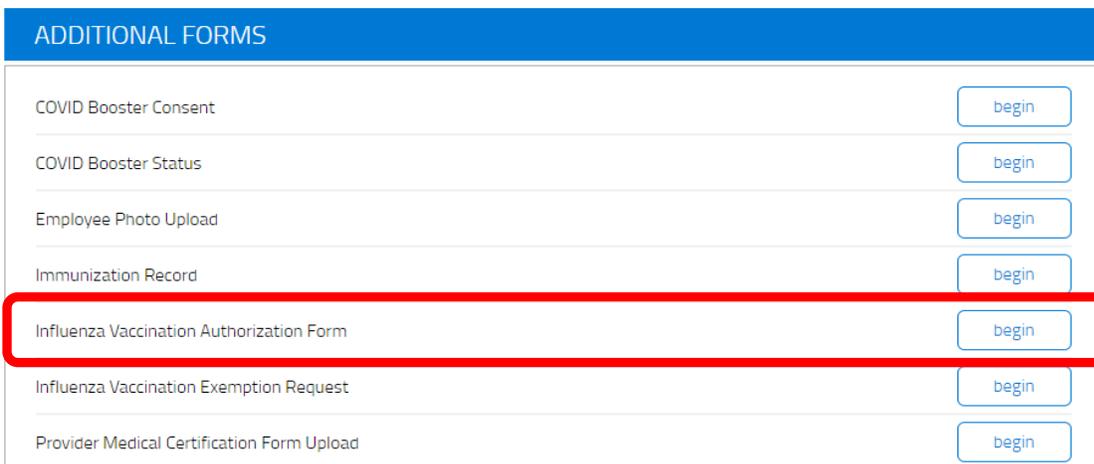
WORKREADY



Then you will select additional forms.



You will then see the screen below. You will select Influenza Vaccination Authorization Form. This is the consent to receive the Flu vaccine.



You will then be brought the Influenza Consent. You will be brought the page below.

**INFLUENZA VACCINATION AUTHORIZATION FORM**

I have read and understand the Influenza Vaccine Information Sheet (VIS) and influenza education provided to me. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and I authorize a Medical Center Vaccinator to administer my Seasonal Influenza vaccination: \*

Yes  No

By clicking "yes" to this question, I accept, understand, and agree to the administration of this vaccine. Further, I authorize the release of all information needed, but not limited to medical records as needed for other public health purposes, including reporting to applicable vaccine registries. \*

Yes  No

Have you already had the influenza vaccine this season? \*

Yes  No

Please copy and paste into a new tab on your internet browser to view influenza information from the CDC. <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

If you select you have already received the flu vaccine you will see the pop-up below and be instructed to return to the home page and fill out the influenza exemption request.

**INFLUENZA VACCINATION AUTHORIZATION FORM**

I have read and understand the Influenza Vaccine Information Sheet (VIS) and influenza education provided to me. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and I authorize a Medical Center Vaccinator to administer my Seasonal Influenza vaccination: \*

Yes  No

By clicking "yes" to this question, I accept, understand, and agree to the administration of this vaccine. Further, I authorize the release of all information needed, but not limited to medical records as needed for other public health purposes, including reporting to applicable vaccine registries. \*

Yes  No

Have you already had the influenza vaccine this season? \*

Yes  No

**\*\*\*\*\*STOP\*\*\*\*\*** You indicated you have already received the influenza vaccine this season. Please click the HOME button to get out of this Influenza Vaccine Authorization questionnaire and complete the Exemption Request questionnaire instead.

Please do NOT click submit on this Influenza Vaccination Authorization Form questionnaire. Simply click the HOME button to get out and leave as pending in the Message Center until Employee Health approves your exemption request with supporting documentation of having received the vaccine already this season.

Please copy and paste into a new tab on your internet browser to view influenza information from the CDC. <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

Save for later | Cancel **SUBMIT**

If you have not already received the flu vaccine you will have more questions populate. The following three questions are asking about previous history of allergies to the flu vaccine, Gullian Barre syndrome or an Egg allergy. If you select yes to any of those three questions please do not submit the form. You will be instructed to cancel and follow-up with your primary care provider and receive the vaccine in their office.

**INFLUENZA VACCINATION AUTHORIZATION FORM**

I have read and understand the Influenza Vaccine Information Sheet (VIS) and influenza education provided to me. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and I authorize a Medical Center Vaccinator to administer my Seasonal Influenza vaccination: \*

Yes No

By clicking "yes" to this question, I accept, understand, and agree to the administration of this vaccine. Further, I authorize the release of all information needed, but not limited to medical records as needed for other public health purposes, including reporting to applicable vaccine registries. \*

Yes No

Have you already had the influenza vaccine this season? \*

Yes No

Are you allergic to any components of the influenza vaccine or do you have a history of a severe allergic reaction to eggs? \*

Yes No

Have you ever had a history of Guillain-Barre' Syndrome? \*

Yes No

Have you ever had an anaphylactic reaction to the influenza vaccine? \*

Yes No

\*\*An anaphylactic reaction is a rapidly developing and serious allergic reaction that affects a number of different areas of the body at one time.

Do not submit this consent for the flu vaccine by clicking on cancel. Please follow-up with your PCP to determine if you can receive the flu vaccine. If yes, please receive your flu vaccine from your PCP and upload the documentation to the WorkReady Employee Health Patient Portal by filling out the Influenza Vaccination Exemption Request form.

Please copy and paste into a new tab on your internet browser to view influenza information from the CDC. <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

Save for later **Cancel** **SUBMIT**

If you answered no to all the previous question please click the submit button at the bottom of the screen. This completes your consent to receive the flu vaccine.

Please copy and paste into a new tab on your internet browser to view influenza information from the CDC. <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

Save for later | Cancel **SUBMIT**