



PRACTICE PREVENTION, DON'T SPREAD INFECTION.

THANK YOU for joining Rochester Regional Health's Infection and Flu Prevention team! Getting a flu shot not only helps protect you from influenza, it also helps protect our patients, and your family and friends.

PLEASE CHECK THOSE THAT APPLY:

- I consent to receiving the flu vaccination today.
- I have read the "Influenza Vaccine Information Statement, 2022-2023 Season."
- I have had the opportunity to ask questions which were answered to my satisfaction.
- I understand that some people may experience pain at the site of the injection.
- I testify that I have none of the conditions listed below:
 - A severe reaction to a flu shot received in the past.
 - A history of Guillain-Barre Syndrome.
- I am pregnant or breastfeeding and I understand the preservative-free vaccine will be used. I request the vaccine be given to me.

PLEASE SIGN BELOW:

Print Name: _____ Employee ID # (employees only): _____

Work Location: _____

Signature: _____ Date of Vaccine: _____

PLEASE CHECK ALL THAT APPLY:

- Employee Medical and Dental Staff Volunteer Student Contractor

Please complete the following actions to process this form:

- For employees and non-employees: Email this form to WORKREADY (Employee Health Services) at EHS@rochesterregional.org.
- For Medical & Dental Staff: Email this form to WORKREADY (Employee Health Services) at EHS@rochesterregional.org.

VACCINATION DETAILS *(to be completed by vaccine administrator):*

- copy of 2022-2023 CDC Vaccine Information Statement (VIS) given

Manufacturer: Sanofi-Pasteur

Lot Number: _____

0.5 mL Deltoid IM RIGHT LEFT

Exp. Date: _____

Administered by: _____ Date Given: _____