



**KAMEHAMEHA SCHOOLS
EMPLOYEE INFLUENZA (FLU) VACCINATION PROGRAM FORM**

FLU VACCINE: The flu vaccine contains influenza virus of the types selected by the US Public Health Service and the Center for Biologic Evaluation and Research of the US Food and Drug Administration. The types or strains of virus included are those which have most recently been causing influenza. For the 2017-2018 flu season, KS is administering the Fluzone Quadrivalent vaccine, which uses inactivated or killed virus that cannot cause infection.

RISKS AND POSSIBLE SIDE EFFECTS: Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm at the injection site, or possibly fever, chills, headache or muscle aches, which usually last 24 to 48 hours. Most people who receive the vaccine either have no or only mild side effects. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Moreover, untoward medical events completely unrelated to vaccine administration may occur coincidentally in the period following vaccination.

Please answer YES or NO to the following screening questions:

- Yes No Are you allergic to eggs or egg products?
 Yes No Have you ever had a serious reaction to the influenza (flu) vaccine in the past?
 Yes No Have you ever had Guillian-Barre Syndrome?
 Yes No Are you currently sick today with an infection or fever?

EMPLOYEE CONSENT: In consideration for my request that the Kamehameha Schools provide the influenza immunization to me, I waive and release any and all claims against Kamehameha Schools, its trustees and agents, in both their personal and professional capacities (collectively "KS") and agree to indemnify and hold harmless KS from and against any and all claims, including but not limited to claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorney's fees and costs, relating to my receiving the flu vaccine. I acknowledge that I have read the Inactivated Influenza Vaccine Information Statement (available at: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>); understand the risks associated with the flu vaccine; understand my participation in receiving the vaccine is completely voluntary; and am signing below as my free act.

Print Name

Signature

Date

FOR HEALTH SERVICES USE ONLY

Vaccination of Inactivated Influenza Vaccine given: 0.5 ml. IM in the: R L Deltoid

Manufacture: Sanofi Pasteur Lot #: UI810AB Expiration date: 6/30/2018

Adverse reaction: No Yes (Describe)

Based on questionnaire answers, no flu shot given and employee referred to PMD.

Healthcare Provider

Date