KAMEHAMEHA SCHOOLS MAUI
INFLUENZA (FLU) VACCINATION PROGRAM
EMPLOYEE CONSENT

LIST Food/Drug/Vaccine ALLERGIES (if none known, write in NKA (No Known Allergies))

_____

Please answer YES or NO to the following screening questions:

Yes	No	
☐	☐	**Are you Allergic to eggs, egg products, gelatin or Thimerosal?**
☐	☐	**Have you ever had a serious reaction after receiving any previous vaccines?**
☐	☐	**Have you ever had a serious reaction to the influenza (flu) vaccine in the past?**
☐	☐	**Have you ever had Guillian-Barre Syndrome?**
☐	☐	**Are you currently sick today with an infection or a fever?**
☐	☐	**Are you pregnant? Are you a nursing mother?**
☐	☐	**Do you have any active neurological disorder?**
☐	☐	**Do you have Cancer, Leukemia, AIDS or any other Immune System Problem?**
☐	☐	**Do you have a Bleeding disorder, or taking medication such as Coumadin or Heparin?**

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 Sheet; understanding the risks associated with the flu vaccine; understand that my participation in receiving the vaccine is completely voluntary; and that I am signing below as my free act.

Print Name _____

Signature_____ Date _____

FOR MEDICAL SERVICES (MS) USE ONLY

LMP: _____ if pre-menopausal female

Date Inactivated Influenza (TIV) Vaccine Information Sheet (Pub. Date 8/11/09) given: _____

Vaccination of Inactivated Influenza Vaccine (TIV) given 0.5ml IM in the: ☐ **Right** ☐ **Left** **Deltoid**

☐ **Sanofi Pasteur - Fluzone** **Lot # U3198AA** **Exp. Date 30 June 2010**

Vaccinated by: _____ Date of Vaccination: _____
Name and title of vaccinator

☐ Copy of shot record given.
☐ No adverse reaction noted.
☐ Based on questionnaire answers, no flu shot was given and employee was referred to PMD. _____
MS initials

Kamehameha Schools Maui Medical Services
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