

Clinical services provided and/or recorded by Mercy Employee Health Services.
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Seasonal Flu Immunization Survey

Seasonal Flu Questionnaire to Receive Vaccination

1) Please select one of the following:

- I AGREE to receive the seasonal flu vaccination
- I ALREADY RECEIVED the seasonal flu vaccination and I can provide documentation
- I AM REQUESTING AN EXEMPTION from the seasonal flu vaccination for medical or religious reasons

Seasonal Flu - Receive Vaccination

You are required to review and acknowledge that you have read the CDC Vaccine Information Statement (VIS)

Please click here to view the Influenza Vaccine (Inactivated) Information Statement. (Haga clic aqui para espanol.)

Please click here to view the Influenza Vaccine (Live, Intranasal) Information Statement. (Haga clic aqui para espanol.)

2) I hereby certify that I have read the Influenza Vaccine Information Statement.

- Yes

3) Please indicate your age range:

- 17 or younger
- 18 to 49
- 50 to 64
- 65 or older

4) Has a doctor ever told you that you had "Guillain-Barre Syndrome" (GBS) - a paralyzing nerve disease?

- Yes
- No

5) Have you ever had a life threatening allergic reaction to latex?

- Yes
- No

6) Have you ever had a severe allergic reaction to any egg or chicken products?

- Yes
- No

17 or Younger

You indicated you are under 18 years of age.

7) Are you currently on aspirin therapy?

- Yes
 No
 Don't know

Seasonal Flu - Egg Allergy

What kind of reaction do you get to eggs? Check all that apply.

8) Able to eat lightly cooked egg (e.g. scrambled egg) with no reaction

- Able to eat lightly cooked egg (e.g. scrambled egg) with no reaction

9) Hives

- Hives

10) Cardiovascular changes

- Cardiovascular Changes

11) Breathing difficulty (such as wheezing)

- Breathing Difficulty (such as wheezing)

12) Nausea/vomiting

- Nausea/vomiting

13) Reaction requiring epinephrine shot

- Reaction requiring epinephrine shot

14) Reaction requiring emergency medical attention

- Reaction requiring emergency medical attention

15) Other reaction

- Other reaction

16) If other, please specify your reaction to eggs.

Seasonal Flu - Acknowledgement to Receive Vaccination

17) ELECTRONIC SIGNATURE

I agree to receive the seasonal flu vaccination.

I hereby certify that I have carefully read this seasonal flu survey, that I understand it and that the information given is complete, true and accurate to the best of my knowledge. I understand that the falsification or misrepresentation of any of the information, or the failure or neglect to disclose any of the information may be grounds for termination from this program, regardless of when such falsification, misrepresentation, failure or neglect may be discovered. TYPE YOUR NAME BELOW. THIS CONSTITUTES AN ELECTRONIC SIGNATURE THAT IS REQUIRED BY LAW.

Seasonal Flu - Vaccination Received Elsewhere

Provide Mercy proof of vaccination to Employee/Corporate Health by November 15. Proof of vaccination must include a copy of documentation indicating the vaccine was received by November 15.

18) When did you receive your seasonal flu vaccination (month/year)?

If you don't know the exact date, please estimate the date.

19) Where did you receive your seasonal flu vaccination?

- Walk-in clinic
- Personal physician
- Pharmacy/retail
- Other location

20) If other location, please enter where you received the seasonal flu vaccination.

21) ELECTRONIC SIGNATURE

I have received my seasonal flu vaccination elsewhere.

I hereby certify that I have carefully read this seasonal flu survey, that I understand it and that the information given is complete, true and accurate to the best of my knowledge. I understand that the falsification or misrepresentation of any of the information, or the failure or neglect to disclose any of the information may be grounds for termination from this program, regardless of when such falsification, misrepresentation, failure or neglect may be discovered. TYPE YOUR NAME BELOW. THIS CONSTITUTES AN ELECTRONIC SIGNATURE THAT IS REQUIRED BY LAW.

Seasonal Flu - Vaccination Declined

Medical Exemption

The influenza vaccine is safe, and several alternatives are now available for those who have had allergic or other reactions in the past. Nevertheless, exemptions to the mandatory annual influenza vaccination may be granted for certain medical contraindications. Persons requesting an exemption because of medical contraindications must obtain a medical certification (form is attached to this Policy) from their health care provider and electronically complete and submit a Medical Exemption Request Form at: https://mercysecure.formstack.com/forms/request_for_medical_exemption_from_seasonal_influenza_vaccination_201

The individual requesting the medical exemption will be notified as to whether his/her request for medical exemption has been granted. If a medical exemption request is denied, the individual will be required to be vaccinated pursuant to this Policy. Generally, individuals who receive an approved medical exemption must resubmit a request for exemption annually. Individuals who have medical contraindications to the influenza vaccine, which are permanent and unlikely to have a satisfactory solution in the future, may be granted a permanent exemption. Mercy's Chief Quality Officer will review the medical exemption requests and determine whether to grant a permanent exemption to eliminate the requirement of obtaining a release each year.

Religious Exemption

Exemptions to mandatory annual influenza vaccination may also be granted if vaccination conflicts with the tenets of a sincerely held religious belief. Persons requesting an exemption because of sincerely held religious beliefs must obtain a certification (form is attached to this Policy) from their religious leader (or other person who can attest the individual's religious beliefs are sincerely held) and electronically complete and submit a Religious Exemption Request Form at: https://mercysecure.formstack.com/form/request_for_religious_exemption_from_seasonal_influenza_vaccination_201

The individual requesting the religious exemption will be notified as to whether his/her request for religious exemption has been granted. If a religious exemption request is denied, the individual will be required to be immunized pursuant to this Policy.

22) I agree and accept the above statement.

- Yes
 No

23) I have a medical condition that prevents me from receiving the flu vaccine.

- Yes
 No

24) I do not believe in vaccines for religious or philosophical reasons.

- Yes
 No

25) ELECTRONIC SIGNATURE

I DO NOT WANT to receive the seasonal flu vaccine.

I hereby certify that I have carefully read this seasonal flu survey, that I understand it and that the information given is complete, true and accurate to the best of my knowledge. I understand that the falsification or misrepresentation of any of the information, or the failure or neglect to disclose any of the information may be grounds for termination from this program, regardless of when such falsification, misrepresentation, failure or neglect may be discovered. TYPE YOUR NAME BELOW. THIS CONSTITUTES AN ELECTRONIC SIGNATURE THAT IS REQUIRED BY LAW.

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 Contact Mercy Employee Health Services for more information.