

Patient Acknowledgment Form for 2023-2024 Influenza Vaccination

The CDC recommends annual flu vaccination as the first and most important step in protecting against the influenza virus. By getting vaccinated you are not only protecting yourself, you are protecting your family, friends, and co-workers.

The information you provide to complete this form indicates you understand the benefits and risks of receiving the influenza vaccine, as indicated in the CDC's Vaccine Information Statement (VIS), and are requesting to be vaccinated.

Last Name	First Name	Middle Initial
Building / Work Location	Last 4 digits of SSN	Date of Birth

Current Medications

Allergies (drug/food)

Check Yes / No / Don't Know to the following questions (*checking yes does not necessarily mean you should not be vaccinated*)

Yes No Don't Know

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you sick today or do you have a fever? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had Guillian-Barre syndrome? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to eggs, thimerosal, or any component of the influenza vaccine? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a serious reaction to the flu vaccine? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever fainted from an injection or blood draw? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Females: Are you pregnant? |

Patient Signature	Date
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Quadrivalent Influenza Vaccine *
A/Wisconsin/67/2022 (H1N1)pdm09-like virus
A/Darwin/6/2021 (H3N2)-like virus
B/Austria//1359417/2021-like virus (B/Victoria lineage)
B/Phuket/3073/2013-like virus (B/Yamagata lineage)

For Clinic Use Only

SSA Employee Health Center location	Vaccine Manufacturer	Lot Number
Date/Time Vaccine Administered	Dosage	Expiration Date
Site of IM Injection (circle) left deltoid / right deltoid	CDC VIS Date	Date VIS Given
Client refused monitoring after vaccine (circle) Yes / No		
Clinicians Name/Title (print)	Clinicians Signature	

Privacy Act Statement Collection and Use of Personal Information

5 U.S.C. § 7901, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from administering the influenza vaccination and updating your employee medical record.

We will use the information you provide to administer the influenza vaccination and to update your employee medical record, as appropriate. We may also share the information for the following purposes, called routine uses:

- To the appropriate Federal, State, or local agency responsible for investigation of an accident, disease, medical condition, or injury as required by pertinent legal authority, and
- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for the Social Security Administration (SSA), as authorized by law, and they need access to personally identifiable information in SSA records to perform their assigned Agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0237, entitled, Employees' Medical Records, as published in the Federal Register on January 11, 2006, at 71 FR 1854. Additional information, and a full listing of all our SORNs, is available on our Internet website at www.ssa.gov/privacy.
