Kansas City Orthopaedic Institute

2025-2026 Influenza Vaccination Form

Please complete form, sign below, and check ONE choice (decline or consent)

PRINT NAME	**EMPLOYED BY**: ◯ HOSPITAL ◯ ANES ◯ MRI ◯ PERFORMANCE REHAB (Therapist) ◯ CONTRACT (Housekeeping, Security, Dietary, Pharmacy) ◯ KCOA
SIGNATURE:	**DATE:**

Check One	**Decline of Influenza Vaccine-** sign
◯	A) I have read the Influenza Vaccine information statement. I understand the benefits and risks of vaccination, and with this knowledge, **I am DECLINING** the opportunity to receive the Influenza Vaccine. I understand that I may change my mind and request the vaccine at a later date based on availability- **Signature**:_____
◯	B) I decline the Influenza Vaccine at KCOI because I have already received the Influenza Vaccine for 2025-2026 at a different place: **Clinic /Office/Hospital name where vaccinated**: _____ **Date Vaccinated (approximate date acceptable)**:_____

Administration of Influenza Vaccine- Consent and Screening- sign
◯ I **REQUEST** that I receive the 2025-2026 Influenza Vaccine, and I declare that: 1. I have never had a serious reaction to the Influenza Vaccine 2. I currently do not have an active respiratory infection, fever, or other illness 3. I have read the vaccine information statement about the Influenza Vaccine 4. I had an opportunity to ask questions and they were answered to my satisfaction 5. I understand the benefits and risks of receiving the Influenza Vaccine **Date**:_____ **Initials**:_____

To be completed by the nurse at time of vaccine administration
Vaccine: Seqirus-Flucelvax- Trivalent Single use syringe: Lot #:_____ Exp: _____ --- Vaccine: Seqirus- Fluad (age 65 or >)-Triv. Single use syringe: Lot #:_____ Exp:_____ --- ***Influenza Vaccine given IM/Deltoid**: Right _____ Left_____ **Influenza Vaccine given by RN**:_____ **Date**: _____

9.4.25- srs