



UNIVERSITY OF ALABAMA  
HEALTH SERVICES FOUNDATION  
Employee Health

Dear Colleague,

This information is provided to you by **UAHSF Employee Health**.

Protecting yourself from the flu is not only important for your safety, but also for that of your family, as well as the safety of patients and their families.

- UAB is collecting important data which will be shared with the Center for Disease Control (CDC) and CMS (the Center for Medicare and Medicaid Services) regarding the flu vaccine and staff statistics.
- We need your help in collecting this data.
- **Basically we need data showing that staff either took the flu shot or declined it.** Our data is currently incomplete. We also encourage you to take the flu shot if you haven't.

Please reply according to your situation:

**1) You do not need to reply or take any further action if you:**

- a. took the flu shot or signed the form to decline the flu vaccine from any **UAB** Employee Health facility (for example, in the Hospital, Clinic, Employee Health) since September 1, 2013. The flu shot provided during the UAHSF Benefits Fair in 2013 is included in this time frame.

**2) We DO need a reply and further action is needed if you:**

- a. took the flu shot elsewhere (not at UAB) . *Action Needed:* please complete the attached form and fax to UAHSF Employee Health, fax number shown below.
- b. have not taken the flu shot or declined to take it. *Action Needed:* Complete the attached form and schedule your flu shot appointment with employee health or decline to take it (send the form declining the vaccine).

**Please do not reply to this email, contact Employee Health at UAHSF via phone or fax:**

- Phone 205-801-8530
- Fax 205- 801-8430

**Consent/Declination Form: 2013-2014 INACTIVATED INFLUENZA VACCINE  
A/California/07/2009 (H1N1)  
A/Texas/50/2012 (H3N2)  
B/Massachusetts/2/2012**

**(THIS IS NOT A LIVE VIRUS VACCINE SO IT CANNOT CAUSE THE FLU)**

Yes	No	Medical Contraindications
<input type="checkbox"/>	<input type="checkbox"/>	1. Severe allergic reaction (e.g. anaphylaxis) after a previous vaccine dose or to a vaccine component, including egg protein; OR
<input type="checkbox"/>	<input type="checkbox"/>	2. History of Guillain - Barre' syndrome within 6 weeks after a previous influenza vaccination.
<b>Vaccination Status of HCW: Check all that applies.</b>		
<input type="checkbox"/>	<b>I consent to receive the influenza vaccine. I authorize designated staff to administer vaccine.</b>	
<input type="checkbox"/>	I am not able to receive the vaccination due to contraindication (s) above.	
<input type="checkbox"/>	I decline the influenza vaccine due to personal reasons. If declined for personal reasons, check all that apply: <input type="checkbox"/> Fear of needles/injections <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Perceived ineffectiveness of vaccine <input type="checkbox"/> Religious or philosophical objections <input type="checkbox"/> Concern for transmitting vaccine virus to contacts <input type="checkbox"/> Other (Specify): _____	
<input type="checkbox"/>	I have already had my influenza vaccination this year. Date vaccinated: _____ Location: _____	
<input type="checkbox"/>	This is the first influenza vaccination I have ever taken.	

Print Name Legibly:

\_\_\_\_\_  
Last Name                      First Name                      MI                      Signature

\_\_\_\_\_  
Date                      Blazer ID                      SS# (Last 4 digits)                      Job Title                      Dept./Clinic

\_\_\_\_\_  
Manager/Supervisor                      Signature of Person Administering Vaccine

Emp. Health                      \_\_\_\_\_                      \_\_\_\_\_                       Right Deltoid                       Left Deltoid  
Clinic ID                      Date                      Manufacturer Lot #                      Site of Injection

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VIS GIVEN TO EMPLOYEE

**Please Check One:**

- UAHSF Physicians, Post Doc. Fellows, advanced practiced nurses  
**OR** physician assistants.
- Other UAHSF Employees
- Hospital Employee (employee on Hospital/ Facility Payroll) Includes GME Residents and Fellows, Health system employees working in hospital.
- Licensed Independent Practitioners** (Non-Hospital employees)  
Including Physicians, Post-Doc. Fellows, advanced practice nurses and physician assistants. (RESIDENTS ARE HOSPITAL EMPLOYEES).
- Adult students/ trainees and volunteers (18 +) (also includes unpaid HCP, Board members, clergy)
- Medical Student     Nursing Student     Volunteer
- Dental Student     Pharmacy Student     Trainees
- Other UAB Student     Student from Non-UAB Institution  
(Please Indicate)

**Contract Personnel**

- Registry or Agency Nurses (not Advanced Practice Nurses)
- Contract Environmental Service Personnel
- Contract Maintenance Workers
- Contract Security

**OTHER CATEGORY NOT LISTED: Please Indicate:** \_\_\_\_\_

\*Thank you for taking the time to complete the entire form. Your name will be kept confidential but numbers will be transmitted to the National Healthcare Safety Network (NHSN) and Health and Human Services (HHS) as mandated.