

**NASA Occupational Health
Acknowledgement and Waiver**

I, the undersigned, wish to receive a vaccination against influenza. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I have read the information provided (Influenza VIS). I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I hereby waive any claim for damages that I (or anyone claiming on my behalf) may have against the clinic, its directors, employees and agents on account of any injury or misfortune I may suffer as a result of this vaccination.

Dated on this ____ day of _____ 200__.

Signature _____

SS# _____

Contractor _____

Civil Servant _____

Printed full name _____

DOB _____

NASA Policy on Pregnancy:

The Centers for Disease Control and Prevention (CDC) recommends Influenza Vaccine for women who will be beyond the first trimester of pregnancy during the influenza season because of the increased risk for influenza-related complications. NASA will administer the influenza vaccine in accordance with CDC recommendations and with written consent from your obstetrician.

Please answer the following questions. A nurse or physician will review any "yes" answers.

Are you allergic to chicken, egg or egg products?	Yes	No
Have you ever had an allergic reaction to a flu shot?	Yes	No
Are you pregnant, or think you may be?	Yes	No
Are you sick today with a fever greater than 100.4?	Yes	No
Have you been sick in the past two weeks?	Yes	No

For Clinic/Office Use Only

0.5cc Influenza Vaccine was administered on ____ / ____ /200__ at _____ PM / AM

Site: Right Deltoid _____ Left Deltoid _____

Obstetrician Consent for vaccination, if applicable, documented _____

Name and title of the Vaccine Administrator _____

Vaccine Manufacturer _____ Lot # _____