

# **SECTION 4:** **FORMS**

*The following forms are samples  
provided for your use in your  
facility.*





# Written Consent Form\*

## Influenza

### INFLUENZA VACCINE:

The influenza vaccine has been shown to protect older adults from hospitalization and deaths resulting from an influenza infection. The Advisory Committee on Immunization Practices (ACIP) recommends that influenza vaccine be provided to all residents of long term care facilities annually, prior to the influenza season. Reactions at the site of injection may occur. Mild fever or aches may also occur. This facility usually conducts an organized vaccine campaign every fall, before the beginning of the influenza season. However, influenza vaccine will be offered to residents and to new arrivals through the end of January.

### INFLUENZA VACCINE:

YES I wish to receive the influenza vaccine while I am residing in this facility.

NO I do not wish to receive the influenza vaccine this year, because

Resident's Name: \_\_\_\_\_

Resident or Responsible Party's Signature \_\_\_\_\_

Date: \_\_\_\_\_

\* Facilities differ in their approaches regarding written versus verbal consent. This written consent is included for facilities that require written consent.

# Written Consent Form\*

## Pneumococcal Disease

### **PNEUMOCOCCAL VACCINE:**

The Pneumococcal Polysaccharide Vaccine is effective against 23 pneumococcal types which cause 90 percent of all pneumococcal pneumonia. Current ACIP recommendations include a single dose of the vaccine for persons 65 years and older if they have not been previously vaccinated or whose vaccination status is unknown. A one-time re-vaccination is recommended for persons 65 years and older who have been vaccinated for the first time when they were 60 years of age or younger. Local site reactions are expected in 5 to 10 percent of vaccine recipients. Less than 1 percent of vaccinations have reported slight elevations of body temperature but severe allergic reactions have been documented rarely. Getting the disease is much more likely to cause serious problems than getting the vaccine.

### **PNEUMOCOCCAL VACCINE:**

YES I wish to receive pneumococcal vaccine according to the recommended schedule.

NO I do not wish to receive the pneumococcal vaccine at this time, because

Resident's Name: \_\_\_\_\_

\_\_\_\_\_

Resident or Responsible Party's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Facilities differ in their approaches regarding written versus verbal consent. This written consent is included for facilities that require written consent.

# EMPLOYEE IMMUNIZATION RECORD

**FACILITY NAME:** \_\_\_\_\_

Employee Name	Social Security Number
Date of Birth	Employment Start Date

Vaccine	Date	Consent Obtained O=Oral W=Written	Vaccine Manufacturer	Vaccine Lot #	Site Given	If Not Administered, Reason <small>1=employee declined 2=contraindicated 3=vaccine shortage 4=other (explain)</small>	Signature/ Title
Influenza							
Influenza							
Influenza							
Influenza							
Influenza							
Hepatitis B (1)							
Hepatitis B (2)							
Hepatitis B (3)							
Varicella (Chickenpox)							
MMR (Measles, Mumps, Rubella)							
T/d							
Pneumococcal							
<b>TB Clearance - Mantoux/PPD</b>					<b>Notes:</b>		
		Test 1		Test 2			
Test Contraindicated (Date)							
Date Given							
Date Read							
Induration (mm)							

**Please keep the original record in the personnel file and give a copy to the employee.**

# ADULT RESIDENT IMMUNIZATION RECORD

**FACILITY NAME:** \_\_\_\_\_

Resident Name	Date of Birth
Date of Admission	Date of Discharge

Vaccine	Date	Consent Obtained O=Oral W=Written	Vaccine Manufacturer	Vaccine Lot #	Site Given	If Not Administered, Reason 1=resident declined 2=no MD order 3=vaccine shortage 4=contraindicated 5=other (explain)	Signature/ Title
Pneumococcal							
Pnemococcal Revaccination							
Influenza							
Influenza							
Influenza							
Influenza							
Influenza							
Influenza							
Influenza							
Influenza							
T/d							
<b>TB Clearance - Mantoux/PPD</b>					<b>Notes:</b>		
		Test 1		Test 2			
Date Given							
Date Read							
Induration (mm)							
Test Contraindicated (Date)							

**Please keep the original at the facility and give a copy to the resident at discharge or transfer of care.**

# IMMUNIZATION STATUS TRACKING FORM - INFLUENZA

This form may be used to identify all residents who are not immunized against flu or pneumococcal disease for any reason. They may need special consideration during a disease outbreak.

**Not Immunized Against Influenza**

Date	Resident Name	Identification #	Reason for No Vaccination	Plan	Initials	Received Flu Shot	Initials
Ex. 10/12/02	Any Name	Chart #	Vaccine shortage	Vaccinate when vaccine becomes available	msd	11/03/02	msd

## IMMUNIZATION STATUS TRACKING FORM - PNEUMOCOCCAL

Not Immunized Against Pneumococcal Disease

Date	Resident Name	Identification #	Reason for No Vaccination	Plan	Initials	Received PPV	Initials
Ex. 10/12/02	Any Body	Chart #	Afraid of side effects	Patient/resident/family education	msd	11/03/02	msd