

CATERPILLAR INFLUENZA VACCINATION CONSENT

I am aware of the possible adverse reactions caused by the administration of the influenza vaccine. I have had the opportunity to read the Vaccination Information Sheet provided to me. I have had an opportunity to have my questions answered. With full understanding, I request to be immunized with the influenza vaccine.

What was the approximate date (year) of your last influenza vaccine? _____ **OR**
 I have never received an influenza vaccine.

Have you ever had a negative reaction to any vaccine? Yes No

Do you have a known allergy to eggs and/or any of the components of the influenza vaccine? Yes No

Injection site preference: Right arm Left arm

I am a Caterpillar employee (full-time, part-time, or supplemental/temporary) and not an independent contractor/agency worker.

Name (please print): _____ Date of birth: _____

HR / PeopleSoft ID: _____ Primary work location/facility: _____

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY MEDICAL PERSONNEL

A current CDC Influenza Vaccination Information Sheet has been made available to the abovenamed.

Manufacturer: _____ Lot No.: _____ Expiration Date: _____

Dose: **0.5ml** Injection site: Right deltoid Left deltoid

I verify this employee displayed his/her work badge, indicating Caterpillar employment status.

Administered by: _____ Date: _____