

**** USE THIS FORM / CONSENT FOR ONLY EMPLOYER-PAID SERVICE (EPS) VISITS ****

EPS Registration Form

* Is this visit a result of a work-related illness/injury? YES

If YES, STOP and Notify Desk

SOCIAL SECURITY #:

LAST NAME

AFFIX LABEL HERE

FIRST NAME MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy) SEX AT BIRTH
 Male Female

HOME ADDRESS

CITY STATE ZIP

CELL PHONE # Same as home #


HOME PHONE # (ONLY if different than cell)

EMAIL ADDRESS (we do not share or use for marketing)

NAME & TOWN / CITY OF PRIMARY CARE PHYSICIAN

NAME & LOCATION OF PREFERRED PHARMACY

HOW DID YOU HEAR ABOUT US?
 Employer Existing Patient Other:



Somerset Valley Urgent Care

EMPLOYER INFORMATION

NAME OF EMPLOYER

NAME OF SUPERVISOR / MANAGER

PHONE OF SUPERVISOR / MANAGER EXTENSION

EMAIL OF SUPERVISOR / MANAGER

REMINDER:

Print EPS Protocol

Forward Protocol to Back

Scan ASR & Protocol w/ Reg Forms

OFFICE USE

OFFICE
USE

 **PLEASE COMPLETE AND SIGN EMPLOYER-PAID SERVICE CONSENT ON THE REVERSE SIDE** 

DATE	NOTES (OFFICE USE)



(OFFICE USE) Employment Visit Type:

- EPS Service (i.e., pre-employment exam, vaccination)
- Worker's Compensation (employment-related injury/illness)

Reviewed (Initial)	Mgr Review (Initial)
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EMPLOYMENT CONSENT & RELEASE FORM INSTRUCTIONS: Carefully read and initial all four (4) sections and sign.

Initial SECTION 1: Consent for Medical Treatment

1

I voluntarily present for examination and/or treatment and consent to my physician and whomever they may designate as their assistant, associate, treating physician, and patient care staff to provide my care. Such care may include, but not be limited to, diagnostic procedures, psychotherapeutic treatment, other treatments and medications, pathologic and radiological evaluations and procedures considered advisable in my diagnosis, treatment, and course of care. I acknowledge that no guarantee can be made or has been made as to the results of treatments or examinations at Somerset Valley Urgent Care, LLC (SVUC).

Initial SECTION 2: Release of Patient Information to Employer

2

I understand that in accordance with federal government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I must authorize my physician and/or the staff of SVUC to give copies of and/or discuss my condition/exam/procedures/x-rays, including but not limited to laboratory drug testing, with individuals other than my primary care doctor or specialist prior to doing so. However, I understand that in the event of a critical episode or if I am unable to give authorization due to the severity of my medical condition, the law stipulates that these rules may be waived. **I furthermore authorize the release of my medical records and specific health information to my below-named EMPLOYER,** including my medical history and physical/diagnosis/laboratory and diagnostic testing/specific information concerning alcohol abuse/mental health/drug abuse/human immune-deficiency virus/hepatitis/or other infectious diseases. I understand that I have the right to revoke this authorization. If my revocation prevents your employer's payment or reduces payment for services, I become responsible for payment.

Employer's Name (please print)

Supervisor / Department

Phone Number

Initial SECTION 3: Receipt of HIPAA Privacy Notice

3

I acknowledge receipt of the Notice of Privacy Rights with detailed information about how Somerset Valley Urgent Care, LLC may use/disclose my protected health information. I understand that Somerset Valley Urgent Care, LLC reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me.

Initial SECTION 4: Authorization to Release Medical Information to Additional Individual(s)

4a

I authorize Somerset Valley Urgent Care, LLC to also release any and all information (including verbal information, medical paperwork, and copies of x-rays) concerning my examination/care to the additional individual(s):

Name (please print)

Relationship Spouse Parent Child Other:

Phone Number

OR, by checking this box, I am indicating that I **DO NOT** authorize Somerset Valley Urgent Care, LLC to release any information concerning my examination/care to any additional individual(s), such as a family member.

Initial I authorize Somerset Valley Urgent Care, LLC to leave a message with **DETAILED MEDICAL INFORMATION** and/or test results on the answering machine or voicemail at the following **PHONE NUMBER:** _____ C H

4b

OR, by checking this box, I am indicating that I **DO NOT** authorize Somerset Valley Urgent Care, LLC to leave a detailed message on my answering machine or voicemail. I acknowledge that by choosing this option that I assume full responsibility for contacting Somerset Valley Urgent Care, LLC for the results of all testing.

Sign I acknowledge reviewing, and I understand each of the four (4) detailed sections that I initialed (above) on this *Consent and Release Form*.



X

Signature of Patient or Parent/Guardian

Patient Name / Relationship

(please print) Self

Completion Date

Frequently Asked Questions about the Flu Vaccine and Consent Form

What should I know about the influenza vaccine?

- You **cannot** catch the flu from the influenza vaccine. Flu vaccines are made from influenza viruses that have been destroyed.
- A new vaccine is developed each year to prevent new strains of flu.
- This vaccine does not provide protection for the Avian/Bird Flu.
- The vaccine begins providing protective effects after about one to two weeks.

Who should receive the vaccine?

Anyone who wants to lower their chances of getting the flu should be vaccinated. People in high-risk groups who should receive the vaccine include:

- All children 6 to 23 months of age and persons 65 years or older
- Women who will be pregnant during flu season
- People who live or work in facilities in close proximity to many other people (nursing homes, dormitories, child care centers, schools, large companies, group homes, etc.)
- Persons with heart or lung disease who are at risk of severe flu illness
- People who have required regular medical care or were hospitalized during the previous year because of a metabolic disease (like diabetes), anemia, asthma, chronic kidney disease or a weakened immune system
- Physicians, nurses, etc. (including family members) who have extensive contact with high-risk patients

Affix Vaccine Sticker

Who may NOT be able to receive some vaccines?

I have reviewed each special consideration and/or contraindication with the patient and alerted the MD of same:

Those people who require special consideration or who should not receive the vaccine include (**review with patient**):

- People allergic to eggs, chicken, chicken feathers, latex and/or thimerosal.
- People who have had a past allergic reaction to the flu vaccine or any of its components.
- People who are not feeling well, ill and/or have a fever.
- People who have taken influenza antiviral drugs within the previous 48 hours.
- People with or care for others with a weakened immune system (immunosuppression).
- People with a history of Guillain-Barre Syndrome (GBS).
- Women who are or may be pregnant or anyone living with someone who is pregnant.
- Children less than 6 months of age.
- Children or adolescents (2 years through 17 years of age) on long-term aspirin treatment.
- Children 2 through 4 years who have asthma or who have had a history of wheezing in the past 12 months.

Initials of MA/LPN/RN _____

What are the risks and side effects?

Most people who receive the vaccine either have no, or only mild reactions. Your risk of injury or death from a rare allergic reaction is far less risky than complications brought on by influenza.

- The worst side effect is likely to be a sore arm, lasting 1 to 2 days.
- In addition, rarer other types of systemic reactions to influenza vaccines have been described such as: fever (beginning 6 to 12 hours after injection and lasting 1 to 2 days), malaise, myalgias, and immediate allergic reaction. Over the counter medications should provide relief for most of these symptoms.

Is the Flu Vaccine 100% Effective?

No vaccine is 100% effective, but generally, the flu shot protects most people.

- Other viruses also circulate during flu season giving you symptoms that feel like flu. The flu shot will not protect you against those.
- A small percentage of people may get the flu even after receiving the vaccine. However, even if you do get the flu, you are likely to be far less sick than if you had not had a flu shot.

Consent Form

I have been provided a copy of an Influenza Fact Sheet (VIS) and understand the benefits and risks of receiving the vaccination. I have also had an opportunity to review this consent form with a SVUC staff member and request that the vaccine be administered to me or the person named below for whom I am authorized to sign.

Office Use Only

Site: L R Deltoid IM

Adm. By: _____

Brand: _____

Lot: _____

Exp Date: _____

Temp: _____ °

Legal Name of Vaccine Recipient (AFFIX STICKER)

Date of Birth

Date of Vaccine

Recipient's Preferred Name

Contact Phone #

Address

City

State

Zip Code

Signature of Vaccine Recipient (or legal guardian in under 18)

Name and Relation of Legal Guardian

For further information, please see www.cdc.gov or consult with your physician.

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.

