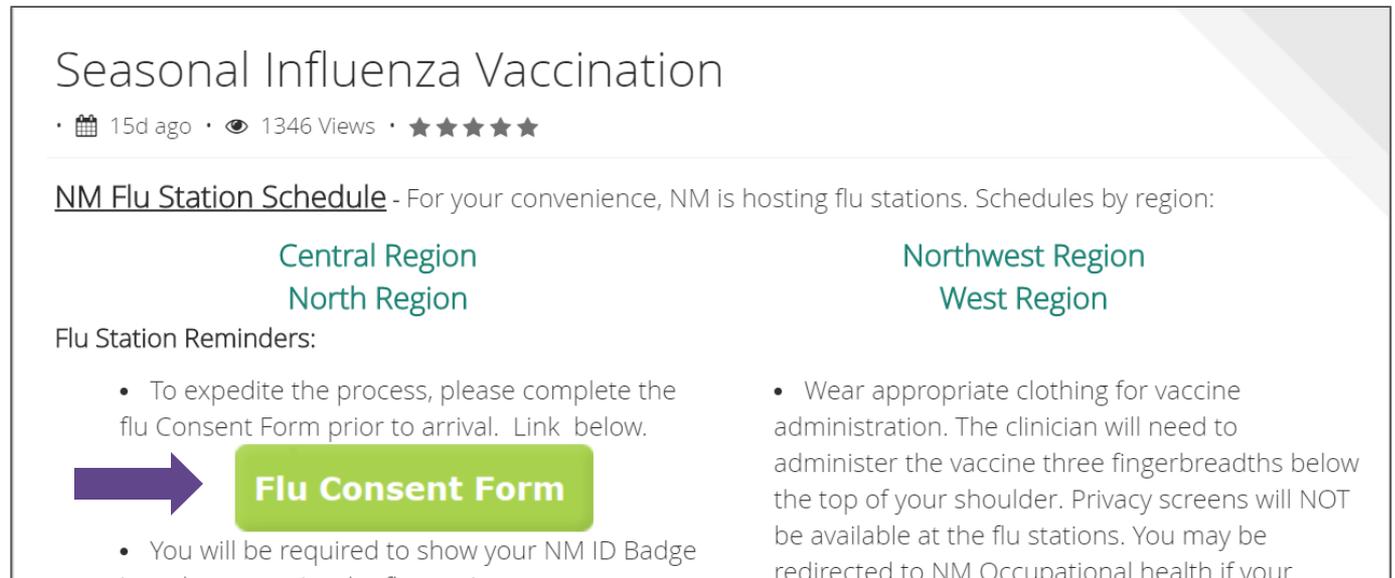


Completing the Flu Vaccination Consent Form on NMI

Individuals should complete the Flu Vaccination Consent Form before receiving their vaccine. Remind individuals that they can access the consent form two ways:

1. Visiting the Seasonal Influenza (Flu) Webpage **NMI>MyNM Service Center>Health & Safety>Seasonal Influenza (Flu) Program**. Click on the green *Flu Consent Form* button.



Seasonal Influenza Vaccination

• 📅 15d ago • 👁 1346 Views • ★★★★★

NM Flu Station Schedule - For your convenience, NM is hosting flu stations. Schedules by region:

<p>Central Region North Region</p>	<p>Northwest Region West Region</p>
--	---

Flu Station Reminders:

- To expedite the process, please complete the flu Consent Form prior to arrival. [Link](#) below.
- You will be required to show your NM ID Badge
- Wear appropriate clothing for vaccine administration. The clinician will need to administer the vaccine three fingerbreadths below the top of your shoulder. Privacy screens will NOT be available at the flu stations. You may be redirected to NM Occupational health if your

 [Flu Consent Form](#)

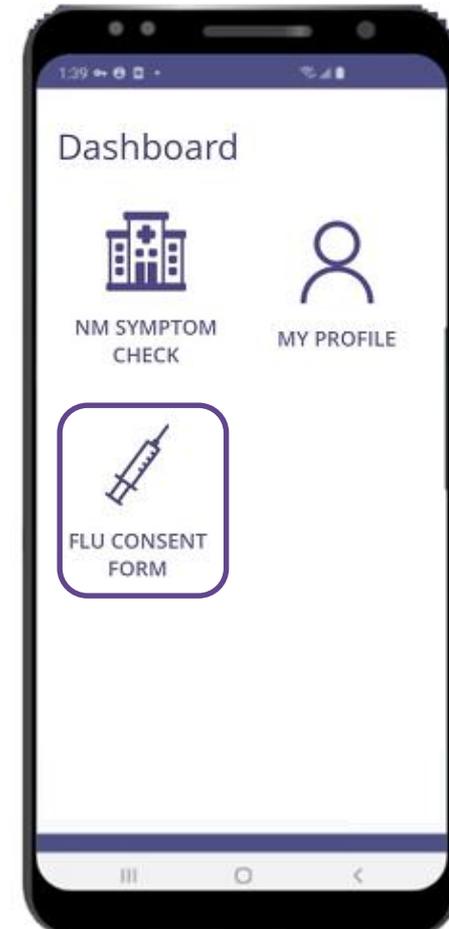
Completing the Mobile Flu Vaccination Consent Form

Individuals can also complete the Flu Consent Form from their mobile devices.

2. Completing the consent form by clicking on the **Flu Consent Form** within the NM Workforce Application. If the flu icon is not showing up, the app will need to be reinstalled.

Remind individuals that you vaccinate to download the symptom tracker app and record their symptoms each day. We do not want individuals coming to work with symptoms of illness.

For video instruction on how to download the NM Workforce App to your mobile device, [click here](#).



Completing the Mobile Flu Vaccination Consent Form

3. Complete all the consent questions and click **Confirm & Submit** at the bottom.

*Individuals will receive an automatic electronic copy of their completed consent form immediately following vaccination. Contact the **MY NM Service Center** if you do not receive an email.*

1:39

Do you currently have a fever (>101.0 F) or active infection? *

YES NO

Have you ever had Guillain-Barre syndrome or do you have any active neurological disorders? *

YES NO

Have you ever had an adverse reaction to the influenza vaccine? *

YES NO

Did you review an Influenza Vaccine Information Statement (VIS), dated August 15, 2019? *

YES NO

Click the link to download the Influenza Vaccine Information Statement (VIS)

By submitting this form, I attest that the information I have provided herein is true and accurate. I understand that providing false information may subject me to disciplinary action up to and including termination.

CANCEL ATTEST & SUBMIT