

Seasonal Influenza (Flu) Vaccine Screening and Consent Form

Section 1: Patient Information

Patient First & Last Name:		Patient OHIP Number:		
Date of Birth:	Age:	Weight:	Sex:	
Address:		Telephone:		
		Name of Emergency Contact (& Relationship):		

Section 2: Screening Questionnaire

Question	Yes	No	Unsure	Question	Yes	No	Unsure						
Are you sick today? (fever > 39.5°C, breathing problems, active infection)				Are you allergic to any medications including vaccines?									
Are you allergic to any of the following? Circle all that apply				Are you allergic to any part of the flu shot, or have you had a severe, life-threatening allergic reaction to a past flu shot?									
<table border="1"> <tr> <td>Kanamycin</td> <td>Neomycin</td> </tr> <tr> <td>Gentamicin</td> <td>Thimerosal</td> </tr> <tr> <td>Chicken Protien</td> <td></td> </tr> </table>	Kanamycin	Neomycin	Gentamicin	Thimerosal	Chicken Protien								
Kanamycin	Neomycin												
Gentamicin	Thimerosal												
Chicken Protien													
Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a flu shot?				Have you had a severe reaction to eggs or egg products? (e.g. wheezing, chest tightness, difficulty breathing, hives)									
Are you or do you think you might be pregnant?				Do you have a new or changing neurological disorder?									
Have you had Guillain Barré Syndrome within 6 weeks of getting a flu shot?				Do you have bleeding problems or use blood thinners? (e.g. warfarin, low dose or regular strength aspirin)									

Section 3: Patient Information

I, the undersigned client, parent or guardian, have read or had explained to me information about the flu shot as outlined on the Flu Shot Fact Sheet. I have had the chance to ask questions, and answers were given to my satisfaction. I understand the risks and benefits of receiving the flu shot. I agree to wait in the pharmacy for 15 minutes (or time recommended by the pharmacist) after getting the flu shot.

I am aware that it is possible (yet rare) to have an extreme allergic reaction to any component of the vaccine. Some serious reactions called "anaphylaxis" can be life-threatening and is a medical emergency. If I experience such a reaction following vaccination, I am aware that it may require the administration of epinephrine, diphenhydramine, beta-agonists, and/or antihistamines to try to treat this reaction and that 911 will be called to provide additional assistance to the immunizer. The symptoms of an anaphylactic reaction may include hives, difficulty breathing, swelling of the tongue, throat, and/or lips.

In the event of anaphylaxis, I will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to my agent or EMS paramedics.

- I confirm that I want to receive the seasonal influenza vaccine *OR*
 I confirm that I want my child to receive the seasonal influenza vaccine

Patient/Agent Name (& Relationship):	Patient/Agent Signature:	Date Signed:
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Section 4: PHARMACY USE ONLY

AGRIIFLU	FLUVIRAL	INFLUVAC	FLUZONE	FLULAVAL	FLUMIST
- DIN 02428881 - TIV 15 mcg/0.5mL - 5 mL (multi-dose) vial - Eligibility: Age 5 and older*	- DIN 02420686 - TIV 15 mcg/0.5mL - 5 mL (multi-dose) vial - Eligibility: Age 5 and older*	- DIN 02269562 - TIV 15 mcg/0.5mL - 0.5 mL pre-filled syringe - Eligibility: Age 18 and older*	- DIN 02420643 - QIV 15 mcg/0.5mL - 5 mL (multi-dose) vial - Eligibility: Age 5 through 17	- DIN 02420783 - QIV 15 mcg/0.5mL - 5 mL (multi-dose) vial - Eligibility: Age 5 through 17	- DIN 02426544 - QIV 0.2mL intranasal spray - Eligibility: Age 5 through 17
Vaccine Lot:		Expiry (MM/YYYY):			
Date of Immunization:		Time of Immunization:			
Dose:		Route: IM / Intranasal Left arm or Right arm			
Date & Time of Follow-up with Patient/Agent:					
PHARMACIST DECLARATION: I confirm the above named patient is capable of providing consent for seasonal influenza vaccine and that the seasonal influenza vaccine should be given to the patient.					
Administering Pharmacist & OCP License Number:			Signature:		Date Signed: