INFLUENZA VACCINE CONSENT FORM

1. CLIENT INFORMATION

Client's Last Name:		Client's First Name:	
Date of Birth (YY-MM-DD):	Health Card #:	☐ Male ☐ Female ☐ Self-identify:	
Address:			Postal Code:
Name of Parent/Legal Guardian (for child):		Relationship to Child:	Cell/Home Phone:

2. HEALTH ASSESSMENT

a) Have you (or your child) been sick recently or had a fever?	☐ YES	☐ NO
b) Have you (or your child) had a serious reaction to a vaccine before?	☐ YES	☐ NO
c) Do you (or your child) have any allergies (e.g., Thimerosal, Neomycin, Polymyxin B, Kanamycin)?	☐ YES	☐ NO
d) Have you (or your child) been diagnosed with *Guillain-Barre* or *Oculo-Respiratory Syndrome*?	☐ YES	☐ NO
e) Do you (or your child) have a neurological or bleeding disorder, or history of fainting?	☐ YES	☐ NO
f) If a child is < 5 years old, have they received a COVID-19 vaccine in the past 2 weeks?	☐ YES	☐ NO

3. CONSENT FOR VACCINATION (clients 14 years or older can sign their own consent):

I have read the attached influenza vaccine fact sheet. I understand the expected benefits and possible risks and side effects of the vaccine. I understand the possible risk to myself/my child if not vaccinated. I have had the opportunity to have my questions answered by the pharmacist. I authorize the pharmacist to administer the influenza vaccine to myself/my child.

X____ ____________________

Signature of Client ☐ Parent/Guardian ☐ Date

4. PHARMACIST TO COMPLETE

Influenza Vaccine IM Injection Vaccine Administered			Dose	Lot #:	Expiry Date:	Indicate Vaccination Site			
						Deltoid		Anterolateral Thigh	
						Left	Right	Left	Right
	☐	FluLaval Tetra QIV (6 months and older)	0.5 ML			☐	☐	☐	☐
	☐	Fluzone QIV (6 months and older)	0.5 ML			☐	☐	☐	☐
	☐	Afluria Tetra QIV (5 years and older)	0.5 ML			☐	☐	N/A	
65+ only	☐	Fluzone HD-QIV	0.7 ML			☐	☐	N/A	
	☐	Fluad Adjuvanted-TIV	0.5 ML			☐	☐	N/A	
Vaccinator's Name:			Signature:			Date & Time:			

Personal health information on this form is collected under the authority of the *Health Protection and Promotion Act*. It is used to administer the vaccine.