☐ Eastern Health ☐ Central Health ☐ Western Health ☐ Labrador-Grenfell Health

Employee Seasonal Influenza Immunization Consent Form

Employee ID: _____

First Name: _____ **Last Name**: _____

DOB (dd/mm/yyyy): _____ **HCN/MCP #**: _____

Work Phone: _____ **Department Program**: _____

Facility/Worksite: _____ **Position/Job Title**: _____

Employment Type:

☐ Employee ☐ Contracted Physician ☐ Medical Residents/Interns/Clerks ☐ Other

Age Group: ☐ <19 yrs ☐ 20-44 yrs ☐ 45-64 yrs ☐ ≥65 yrs

Are you pregnant? ☐ Yes ☐ No

Screening Questions	check the correct box		
	Yes	**No**	**Unsure**
Are you sick or do you have a fever today?			
Do have any past or present medical conditions? If yes, please describe.			
Do you have a history of allergies? (medications, vaccine, eggs, food). If yes, please list.			
Have you ever had the flu shot before?			
Have you ever had a reaction to a flu shot? (red eyes, hives, rash, or difficulty breathing). If yes, please describe.			

Adverse Reactions

1. Common side effects with injection are: soreness and redness at the injection site that may last up to two (2) days.
2. Less often side effects include: headache, muscular aches/pains, red eyes, cough, irritability and sore throat.
3. Allergic reactions such as breathing problems and hives are very rare and may occur with extreme sensitivity to certain components of the vaccine.

CONSENT

I understand the information regarding the benefits and risks of the seasonal influenza vaccine provided by the Health Care Provider.

I **CONSENT** to have the seasonal influenza vaccine.

Signature: _____ Date (dd/mm/yyyy): _____

Health Care Provider administering the vaccine to complete

	Reason for contraindication	*Immunizer Printed Name*
☐ **Contraindicated**		*Signature*

Record of Immunization

Facility/Clinic where vaccine administered:						
Date/Time	***Vaccine***	***Lot #***	***Dose***	***Route***	***Site***	*Immunizer Printed Name*
			0.5ml	**IM**		*Signature*

This personal information is being collected under the authority of Section 61(c) of the *Access To Information and Protection of Privacy Act,* and will be used for determining eligibility to receive influenza immunization and monitor organizational uptake of the flu vaccine.