

## Seasonal Influenza Immunization Consent & Record of Immunization Form

Does the child require two doses this season:  Yes  No

If yes, which dose is child receiving today:  Dose 1  Dose 2

<b>MCP Number:</b>	
<b>Last Name:</b>	<b>First Name:</b>
<b>Date of Birth (dd/mm/yyyy):</b>	<b>Telephone:</b>
<b>Address:</b>	<b>Postal Code:</b>

**Age Group:**    6 mths–4 yrs    5–8 yrs    9–19 yrs    20–44 yrs    45-64yrs    ≥ 65 yrs

**Are you pregnant?**    Yes    No

Screening Questions	check the correct box		
	Yes	No	Unsure
Are you a Health Care Worker?			
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 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 & risks of the seasonal influenza vaccine provided by the Health Care Provider.

I **CONSENT** for me or my dependant to have the seasonal influenza vaccine, two (2) doses for children under age nine (9) years with no prior seasonal influenza vaccine.

Signature: \_\_\_\_\_

Relationship to child/person: \_\_\_\_\_

Date: \_\_\_\_\_

### To be completed by Health Care Provider administering Influenza vaccine

<input type="checkbox"/> <b>Contraindicated</b>	<i>Reason for contraindication</i>	<i>Immunizer Printed Name</i>
		<i>Signature</i>

### Record of Immunization

Date/Time	Vaccine	Lot #	Dose	Route	Site	Immunizer Printed Name
					IM	Signature
					IM	Immunizer Printed Name
					IM	Signature