

ADULT INFLUENZA IMMUNIZATION HEALTH ASSESSMENT AND CONSENT FORM

Last Name(s) _____ First Name(s) _____

Date of Birth _____ Female Male _____
Daytime Phone # _____

Age Category:

18 years 19-64 years 65 or older

HEALTH ASSESSMENT – PLEASE ANSWER ALL OF THE QUESTIONS BELOW

	Yes	No	N/A		Yes	No	N/A
Is the client feeling well today?				Is the client taking any of these medications: <input type="checkbox"/> Antibiotics for an infection <input type="checkbox"/> Immuno-suppressive drugs? <input type="checkbox"/> Coumadin or other blood thinners? <input type="checkbox"/> Theophylline?			
Has the client had an influenza vaccine before?							
Is the client allergic to: <input type="checkbox"/> Neomycin? <input type="checkbox"/> Thimerosal (contact lens solution)? <input type="checkbox"/> Polymyxin B					Has the client had any reactions to previous vaccines, including the influenza vaccine?		

MINISTRY HIGH RISK CRITERIA – PLEASE INDICATE ALL THAT APPLY

- | | |
|---|--|
| <input type="checkbox"/> Adults 65 years of age and older | <input type="checkbox"/> Pregnant women |
| <input type="checkbox"/> Individuals with neurologic or neurodevelopmental conditions | <input type="checkbox"/> Indigenous Peoples |
| <input type="checkbox"/> Individuals of any age who are residents in a long-term care home or other chronic care facilities | <input type="checkbox"/> Health care workers |
| <input type="checkbox"/> Individuals with underlying health conditions (e.g., cardiac/pulmonary disorders, renal disease, morbid obesity, diabetes and cancer or weakened immune systems) | <input type="checkbox"/> Household contacts of those at high risk or babies < 6 months |
| | <input type="checkbox"/> Persons who provide child care to kids less than 5 years of age |
| | <input type="checkbox"/> Individuals who work in the swine and poultry industry |

This information is collected under the authority of the Health Promotion and Protection Act and the Personal Health Information Protection Act. This information may be shared with your health care provider upon their request. Questions regarding the collection of this information may be directed to the Vaccine Preventable Diseases Program, North Bay Parry Sound District Health Unit, 345 Oak Street West, North Bay, Ontario 1-800-563-2808/705-474-1400.

-----STOP HERE-----
For Health Unit Staff

Administered under the authority of Dr. J. Chirico, following:

MED-VPD-060 – Quadrivalent Influenza Vaccine, FluLaval-Tetra, Fluzone Quadrivalent, Afluria Tetra

MED-VPD-065 - Trivalent Influenza Vaccines, Fluzone High Dose (65+)

Vaccine administered at: Community clinic Health Unit office Clinic

Informed Consent: Risks & benefits of influenza immunization reviewed Client given a chance to ask questions & answers provided Client agrees to receive influenza vaccine

Date given: _____ YYYY/MM/DD _____ Time given: _____

Vaccine given: Fluzone R Deltoid
 Flulaval-Tetra Dose & Route 0.5 ml IM Site: L Deltoid Lot # _____
 Afluria Tetra
 Fluzone High Dose (65+)

Vaccine was tolerated: well faint Other

Nurse's Signature and Designation _____ Print Name _____

General Population

High Risk Client

2019-10-17