North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound

Vaccine Preventable Diseases
Prévention des maladies par vaccins
myhealthunit.ca

Influenza Immunization Health Assessment and Consent Form for Children

Child's Last Name(s) _____

Child's First Name(s) (Chosen Name(s)*) _____

Date of Birth _____

Daytime Phone # _____

Age Category: ☐ 6 months - < 5 years ☐ 5 years – 17 years

Name of person completing the form	Relationship to child: ☐ Parent ☐ Guardian ☐ Self ☐ Other

I acknowledge that I have the authority to consent on behalf of the above named child and I consent to have the North Bay Parry Sound District Health Unit staff administer the influenza vaccine to this child.

Signature _____ **Date** _____

HEALTH ASSESSMENT – PLEASE ANSWER ALL OF THE QUESTIONS BELOW

	Yes	No	n/a
Has the child had the flu vaccine before?	☐	☐	☐
Has the child had any reactions to any previous flu vaccines?	☐	☐	☐

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.

***This name will be used in correspondence unless requested otherwise.**

----------STOP HERE----------

For Health Unit Staff ONLY

Administered under the authority of Dr. J. Chirico, following MED-VPD-060 Influenza Vaccine with informed consent obtained.

Date & Time _____ YYYY/MM/DD

Indicate if this is the 1st dose for a child: □ Yes □ No

FluLaval Tetra QIV Age Indication: ≥ 6 months Dose & Route: 0.5 ml IM	**Flucelvax QIV** Age Indication: ≥ 2 years Dose & Route: 0.5 ml IM	**Fluzone QIV** Age Indication: ≥ 6 months Dose & Route: 0.5 ml IM
Lot #: _____ Site: □ Lt Deltoid □ Rt Deltoid □Lt Thigh □ Rt Thigh Signature & Designation:	Lot #: _____ Site: □ Lt Deltoid □ Rt Deltoid □Lt Thigh □ Rt Thigh Signature & Designation:	Lot #: _____ Site: □ Lt Deltoid □ Rt Deltoid □Lt Thigh □ Rt Thigh Signature & Designation: