2020-2021 INFLUENZA VACCINE CONSENT FORM

1. CLIENT INFORMATION

Client's Last Name			Client's First Name	
Date of Birth Year	Month	Day	◯ 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 child),* been sick recently or had a fever?	◯ YES ◯ NO
b) Have you *(or child),* had a serious reaction to a vaccine before?	◯ YES ◯ NO
c) Do you *(or child),* have any allergies? thimerosal?	◯ YES ◯ NO
d) Did you *(or child),* been diagnosed with *Guillain-Barré* or *Oculo-Respiratory Syndrome*?	◯ YES ◯ NO
e) Do you *(or child),* have a history of neurological / bleeding disorder or history of fainting?	◯ YES ◯ NO

3. CONSENT FOR VACCINATION. Clients, 14 years and 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 risks to myself / my child if not vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health.

I authorize Toronto Public Health to administer the influenza vaccine to myself / my child.

X _____ _____

Signature of Client ◯ Parent/Legal Guardian ◯ Date

4. NURSE TO COMPLETE

Influenza Vaccine IM Injection Vaccine dose is 0.5mL for all ages.

Prefer deltoid site for children, teens and adults. Use anterolateral thigh for infants.

Vaccine type: ◯ FluLaval Tetra® ◯ Fluzone® QIV ◯ Flucelvax® Quad **(≥9)** ◯ Fluzone® High-Dose

Quadrivalent Inactivated Influenza Vaccine	**High-Dose Trivalent Vaccine** (only for adults 65+)
deltoid ◯ left ◯ right	deltoid ◯ left ◯ right
Lot # expiry date:	Lot # expiry date:
nurse signature:	nurse signature:
date & time:	date & time:
Panorama entry by:	Panorama entry by:

Notes:

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act. It is used to administer the Toronto Public Health Vaccine Preventable Diseases Program. For more information, visit our Privacy Statement at www.toronto.ca/privacy or contact, VPD Manager at 416-392-1250. **September 2020**