Janzen's PHARMACY

Nurse Practitioner Influenza Vaccination Consent Form

Name		Date of Birth	
Address			
Phone #			
OHIP #			

Screening Questions

If you have tested positive for COVID or feel ill please do not attend any group clinics

Have you been diagnosed with COVID in the last 5 days?	No ◯	**Yes** →
Are you feeling ill?	No ◯	**Yes**
Are you pregnant?	No ◯	Yes ◯
Is this your first influenza vaccine?	No ◯	Yes ◯
If yes, did you have any problems after the shot?	No ◯	Yes ◯
Have you ever had an allergic reaction to a vaccine?	No ◯	Yes ◯
Are you allergic to eggs or egg products?	No ◯	Yes ◯
Do you have any allergies that you are aware of?	No ◯	Yes ◯
Do you have a bleeding disorder?	No ◯	Yes ◯
Are you taking any blood thinners, including aspirin?	No ◯	Yes ◯
Have you ever been diagnosed with Guillain-Barré Syndrome?	No ◯	Yes ◯

Please explain any "Yes" answers provided above:

I am aware that it is possible (yet rare) to have an extreme reaction to any component of the vaccine. Some serious reactions called "anaphylaxis" can be life-threatening and is a medical emergency. If I experience such a reaction following vaccination, I am aware that it may require the administration of epinephrine, diphenhydramine, beta-agonists, and/or antihistamines to try to treat this reaction and that EMS will be called to provide additional assistance.

The most common side effects from the influenza vaccine is swelling, redness and tenderness at the injection site. Fever and general malaise is also common for a period after receiving the influenza vaccine.

PLEASE WAIT FOR 15 MINUTES AFTER YOUR VACCINATION IN THE CLINICAL AREA.

Signature: _____ Date: _____

Name of person giving consent (If not client): _____

Relationship: _____

For Clinic Use:

☐Flulaval Tetra	0.5mL given IM in	Right	Left deltoid.	Lot: _____
☐Fluzone Quadravalent	0.5mL given IM in	Right	Left deltoid.	Expiry: _____
☐Fluzone High Dose	0.5mL given IM in	Right	Left deltoid	

Staff Signature: _____ Date: _____

☐Greg Tinsley, RN(EC) CNO # 06285735 ☐Robert Tinsley, RN(EC) CNO # 9119975