Janzen's PHARMACY

Travel Vaccination Consent Form

Name		Date of Birth	
Address including postal code			
Phone #			
OHIP #			

Screening Questions

Are you pregnant?	No	Yes
Are you feeling ill?	No	Yes
Have you ever had a flu shot before?	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 asprin?	No	Yes
Have you ever been diagnosed with Guillain-Barré Syndrome?	No	Yes

Please explain any "Yes" answers provided above:

Destination: **Date of Departure:** **Length of Trip:**

Please take the time to read any material provided by the Nurse Practitioner or ask any questions prior to immunization. By signing below you agree that you are aware of the potential risks and benefits of immunization. By signing below you agree that you are requesting and voluntarily consent to receiving recommended vaccinations

Activities Planned (Circle All That Apply):

Hiking	Backpacking	Watersports	Zip Lining	Farm Tours
Volunteering	Wilderness Activities	Rural Travel	Animal Activities	Moutain Climbing

Residence:	Hotel	All Inclusive Resort	Family / Friends	Outdoor / Camping
	Hostels	Volunteer Residence	Work Camp	

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

Signature: _____ Date: _____

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

Relationship: _____

Janzen's PHARMACY

Nurse Practitioner Documentation

Name		Date of Birth	
Address			
Phone #			
OHIP #			

Notes:

Preimmunization:

- Immunization protocol reviewed
- Client's immunization history reviewed
- Vaccine information & schedule reviewed
- Teach: benefits & risks of vaccination
- Teach: signs & symptoms of reaction
- Teach: management of minor side effects
- Anaphylaxis kit prepared & available
- Identify serious reactions & management
- Consent for immunization obtained

Post Immunization:

- All nursing documentation completed
- Yellow immunization card (updated)
- Next appointment scheduled (prn)
- 15 minutes wait post-vaccination
- Health Unit list completed

Other Notes

For Clinic Use:

Twinrix (Combined Hepatitis A & B)	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____
Twinrix Junior (Combined Hepatitis A & B)	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____
Dukoral (Traveller's Diarrhea)	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____
Avaxim	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____
Havrix 1440	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____
Havrix 720	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____
Typhim Vi	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____
TDaP	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____
Other:	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____
Other:	Site:	R Delt.	L Delt.	Lot:_____	Exp:_____

Staff Signature:_____ Time: _____ Date: _____

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