

## Flu Vaccine Consent Form 2025/2026

Patient Information		
First Name:	Last Name:	
Date of Birth: (dd / mm / yyyy):	Age:	
Address:		
Health Card #:	Telephone Number:	
Emergency Contact Name and Telephone Number:		
Screening Questionnaire for Person to be Vaccinated	Yes	No
Do you or have you had a fever within the past 3 days? (i.e., fever greater than 38.0°C, breathing problems, active infection)?		
Have you had a serious reaction to influenza vaccine in the past?		
Do you have any allergies, including allergy to eggs or egg products?		
Do you have an allergy to any of the components of the flu vaccine? ( e.g., gentamicin, neomycin, kanamycin, Polymyxin, thimerosal, formaldehyde )		
Do you take a blood thinner or have a bleeding disorder?		
Do you have a new or changing condition affecting the brain or nervous system?		
Have you ever had Guillain-Barré syndome?		
If the patient is a child less than 9 years old, are they receiving Influenza vaccine for the first time? (if yes, your child will require a 2 <sup>nd</sup> dose in 4 week)		
Are you pregnant?		

### Seasonal Inactivated Influenza Vaccination Patient/Agent Consent:

I, the undersigned client, parent or guardian, have read or had explained to me information about the flu shot as outlined on the Fact Sheet. I have had a chance to ask questions, and answers were given to my satisfaction. I understand the risks and benefits of receiving the flu shot. I agree to wait in the pharmacy for 15 minutes (or time recommended by the pharmacist) after getting the flu shot.

I am aware that it is possible (yet rare) to have an extreme allergic 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 911 will be called to provide additional assistance to the immunizer. The symptoms of an anaphylactic reaction may include hives, difficulty breathing, swelling of the tongue, throat, and/or lips.

In the event of anaphylaxis, I will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to my agent or EMS paramedics.

- I confirm that I want to receive the seasonal influenza vaccine      **OR**
- If signing for someone other than myself, I confirm that I have the legal authority to provide consent for the individual that is to receive the COVID-19 vaccine (i.e. you are a parent, legal guardian, or substitute decision maker) – \*\* Please Indicate relationship :
- If your child is less than 9 years of age, and getting the influenza vaccine for the first time, your child will need 2 doses of vaccine this season. They are given at least 4 weeks apart.

Name : \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Immunization Record

Patient Name :

Date of administration:

/ /

Time of administration: AM / PM

### Pharmacist Documentation - Pharmacy use only

Fluzone® Vial ++

DIN: 2365936

For 6 months old and older

Dose: 0.5 ml Route: IM

Fluzone® Syringe

DIN: 2365707

For 6 months old and older

Dose: 0.5 ml Route: IM

Flucelvax Syringe

DIN: 2553708

For 6 months old and older

Dose: 0.5 ml Route: IM

Fluviral Vial

DIN: 02420686

For 6 months old and older

Dose: 0.5 ml Route: IM

DIN:

For 6 months old and older

Dose: 0.5 ml Route: IM

DIN:

Dose: 0.5 ml Route: IM

Fluzone® High-Dose

DIN: 2445646

Seniors over 65 years

Dose: 0.5 ml Route: IM

FLUAD Syringe \*

DIN: 02362384

seniors over 65 years

Dose: 0.5 ml Route: IM

Site: Deltoid

Left

Right

Lot #:

Expiry:

\* Contains antibiotics

++ Contains Thiomersal

I confirm that the patient named above is capable of providing consent for the seasonal influenza vaccination or that a parent/ guardian or other agent has provided consent on behalf of the patient. I confirm that the seasonal influenza vaccine should be given to the patient based on my assessment.

Administration is done by :

Tamer Badawy (OCP # 605149)

Threse Guirguis (OCP # 615717)

Emile Diab (OCP. Lic# 629376)

Kylee McNamara (OCP # 629213)

Signature \_\_\_\_\_