2020-21 Seasonal Influenza (Flu) Vaccine Consent

What is the flu?

The flu is an infection of the nose, throat and lungs caused by the flu virus. It spreads very easily from infected persons through coughing and sneezing or by touching contaminated surfaces such as door knobs and unwashed hands. People who get the flu may have a fever, chills, cough, runny eyes, stuffy nose, sore throat, headache, muscle aches, extreme weakness and fatigue. Symptoms can last five to ten days.

Who should get the flu vaccine?

Flu vaccine is recommended for everyone age 6 months and older, and is the most effective way to prevent the flu, and flu-related complications. Flu vaccine is especially important for:

- people with chronic medical conditions (heart, lung, diabetes, cancer, obesity, renal disease etc.)
- pregnant women (all trimesters)
- people who are residents of nursing homes and chronic care facilities
- health care workers and emergency service workers
- children under five years of age and their caregivers
- individuals age 65 years and older
- Indigenous peoples

When should the flu vaccine be given?

A single dose of flu vaccine should be given *each year*. Children under nine years require two doses given four weeks apart if they are receiving the vaccine for the first time; after that, only one dose each year is needed.

Who should NOT receive the flu vaccine?

Flu vaccine should not be given to:

- Infants under six months of age
- Anyone who has had a serious allergic reaction (anaphylactic) to a previous dose of vaccine or to any of the vaccine components. (Tell the nurse if you are allergic to formaldehyde and/or thimerosal, so that you can receive the flu vaccine that is right for you).
- People who have had severe oculo-respiratory syndrome (ORS) after a past flu vaccine that required them to be in the hospital
- People with a history of Guillain-Barre Syndrome (GBS) that developed within 6 weeks of a past influenza vaccine

What vaccines are available this year?

An *injectable* flu vaccine is available for everyone **age 6 months and older**. This vaccine is 'quadrivalent', meaning it protects against two strains of influenza 'A' virus and two strains of influenza 'B' virus.

An *injectable high-dose* trivalent flu vaccine is available for people **age 65 years and older**, and protects against two 'A' strains, and one 'B' strain of influenza virus. This vaccine has more antigen to create a stronger immune response.

After the vaccine:

Side effects of the flu vaccine include redness, swelling, and soreness at the injections site. Headache, tiredness/weakness and fever may also occur. Seek medical attention if you have a concern about a vaccine reaction. The nurse will provide an After-Care Form following the vaccination.

Questions?

- ✓ Visit website www.ontario.ca/flu
- ✓ Your health care provider
- ✓ Call Peterborough Public Health at 705-743-1000 or visit www.peterboroughpublichealth.ca

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(Please Print Clearly with BLACK INK)

CONFIDENTIAL WHEN COMPLETED

Peterborough Public Health

Last Name:		First Name:	
Birthdate: year / month / day	Age:	Weight (if under age 12):	Gender:
Address:			
City:		Postal Code:	
Contact phone #:			

1. Have you received the seasonal flu vaccine in the past? ☐ No ☐ Yes ☐ Unsure
2. Have you experienced an adverse reaction to previous influenza vaccinations? ☐ No ☐ Yes – If Yes, describe:
3. Have you ever had Guillain Barré Syndrome diagnosed within 6 weeks after receiving the influenza vaccine? ☐ No ☐ Yes – If yes, you cannot receive the flu vaccine.
4. Have you ever had Oculo-Respiratory Syndrome (cough, wheeze, difficulty breathing, hoarseness, sore throat and/or facial swelling) within 24 hours after receiving the influenza vaccine with severe respiratory symptoms?
   ☐ No ☐ Yes –discuss with health care provider.
5. Are you taking anticoagulants (blood thinners)? ☐ No ☐ Yes
   Are you allergic to formaldehyde or thimerosal? ☐ No ☐ Yes

I confirm that I have read the information about the influenza vaccine and understand the benefits and possible risks of the vaccine. Any questions I had were answered to my satisfaction. I have been advised to wait 15 minutes following vaccination to be observed for potential adverse reactions. I am providing consent for myself (the above-named) to be vaccinated against influenza.

Signature of client/parent/guardian:	Date: year / month / day

If signing for someone other than yourself, you must be the legal substitute decision maker/legal guardian.

Name of person completing form if different from above:

Relationship to above:

Contact in case of emergency:	Phone:

Notice: We collect, use and release your personal information under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7., s. 5. The information is collected for the purpose of investigations and case management, keeping records and reporting on the immunization status of individuals in the province of Ontario. Information collected is maintained electronically in a provincial immunization information system. Questions about this collection of information should be sent to the Privacy Officer, Peterborough Public Health, 185 King St., Peterborough, ON, K9J 2R8, 705-743-1000.

For Vaccinator's Use (to be used when Panorama is not being used)

Are you feeling ill today? fever? infection? ☐ No ☐ Yes - If Yes, describe

Have you ever had a flu shot before? ☐ No ☐ Yes - If Yes, describe problems, if any

Have you ever had an allergic reaction to a vaccine? ☐ No ☐ Yes - If Yes, describe

Do you have a blood disorder or are you taking medication that could affect blood clotting? ☐ No ☐ Yes - If Yes, describe:

Did you read the information provided to you? ☐ No ☐ Yes	Have you had GBS 6 weeks post flu immunization? ☐ No ☐ Yes

Vaccine: ☐ Flulaval Quadrivalent® ☐ Fluzone® Quadrivalent ☐ Fluzone® High-Dose (≥65 years)

Lot #:	Expiry Date: year / month / day	Date: year / month / day	Time: hrs

Route: IM ☐ Deltoid ☐ Quad ☐ Right ☐ Left – Dose 0.5 ml

Vaccinator Signature: Designation	Panorama Client ID:

In PAN: ☐ Consent Recorded _____ (initials) ☐ imms recorded _____ (initials) ☐ Invoiced _____ (initials)

Notes:

Version September 21, 2020