

**NEW FOR 2020-2021 INFLUENZA SEASON**

**Section 1: Personal Information**

<b>***Patient First &amp; Last Name (as it appears on your Health Card):</b>	<b>***Patient Health Card No.:</b>	<b>***Date of Birth (DD/MM/YYYY):</b>
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Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Patient Telephone:	<i>If person being immunized is a child (please circle):</i> Child weigh's < 30 kg (66 lb) Yes   No      Has child had previous influenza vaccines? Yes   No
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Name of Emergency Contact AND Relationship:	Contact's Best Contact Phone Number:
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**\*\*\*If Staff at Sunnybrook:** (Your information will be relayed to Occupational Health for documentation unless otherwise notified by yourself)

Department:	Sunnybrook Contact #:	Employee # (if available):
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**Section 2: Screening Questionnaire**

**For adult patients as well as parents of children (≥5 years) to be vaccinated:**  
*The following questions will help us determine if there is any reason you or your child should not get the flu shot today. If you answer "yes" to any question, it does not necessarily mean the shot cannot be given. It simply means additional questions must be asked.*  
**If a question is not clear or you are unsure of an answer, please ask a pharmacy staff member to explain it.**

Please answer the following questions	Yes	No	Unsure	Action Required
Have you been <b>screened for COVID-19</b> upon entry to Sunnybrook today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>NO</b> , speak to the pharmacist for information on where to be screened
Are you <b>allergic</b> to any medications including vaccines? (Note: egg allergies without other contraindications may be vaccinated as per NACI guidelines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> , list what you are allergic to here:
Are you <b>allergic</b> to any part of the flu shot, or have you had a severe, life-threatening allergic reaction to a past flu shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> or <b>UNSURE</b> , do <b>NOT</b> get the shot and <b>SPEAK WITH YOUR DOCTOR</b>
Have you had <b>whooping, chest tightness or difficulty breathing</b> within 24 hours of getting a flu shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any <b>serious allergy</b> to latex or natural rubber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> or <b>UNSURE</b> , you can receive the flu shot but non-latex materials are to be used
Have you had <b>Guillain-Barré Syndrome</b> within 6 weeks of getting a flu shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> , do not get the flu shot and <b>SPEAK WITH YOUR DOCTOR</b>
Do you have a <b>new or changing</b> neurological disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> , speak to the pharmacist to see if you can get the flu shot today
Do you have <b>bleeding problems or use blood thinners?</b> (e.g. warfarin, low dose or regular strength Aspirin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> , shot can be given but apply gentle pressure afterwards

**Section 3: Consent Given By Patient/Agent**

I, the undersigned client, parent or guardian, have read or had explained to me information about the flu shot. I have had the 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 (for staff of Sunnybrook: I agree to return to work within the hospital 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 (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 anti-histamines to try to treat this reaction and that medical assistance from Sunnybrook 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 flu vaccine **OR**  I confirm that I want my child to receive the seasonal flu vaccine

Patient/Agent Name (& Relationship):	Patient/Agent Signature:	Date Signed (DD/MM/YYYY):
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**PHARMACIST DECLARATION:** I confirm the above named patient is capable of providing consent for seasonal influenza vaccine administration and that the seasonal influenza vaccine should be given to the patient.

Pharmacist Signature	OCP License (See Bottom)	Date:
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**Section 4: Prescription Templates – Pharmacy Use Only**

<input type="checkbox"/> FLULAVAL TETRA® (multi-dose) DIN 02420783 <input type="checkbox"/> Eligibility: Age 5yo+	<input type="checkbox"/> FLUZONE QUADRIVALENT® (multi-dose) DIN 02432730 <input type="checkbox"/> Eligibility: Age 5yo+	<input type="checkbox"/> FLUCELVAX QUAD® (multi-dose) DIN 02494248 <input type="checkbox"/> Eligibility: Age <b>9yo+**</b>	<input type="checkbox"/> FLUZONE HIGH-DOSE® DIN 02445646 <input type="checkbox"/> Eligibility: Age 65yo+ (senior)
Vaccine Lot#:	Expiry (MM/YYYY):	Dose: <b>0.5mL</b>	Route: <b>IM</b>
Date of Immunization:	Time of Immunization:      : <b>AM/PM</b>	Site of Administration:	Left Deltoid      Right Deltoid
Administering Pharmacist Name and OCP#:			
<input type="radio"/> Shaun Barry (604258)	<input type="radio"/> Annie Hui (612172)	<input type="radio"/> Richard Lee (607850)	<input type="radio"/> Lily Marandi (622705)
<input type="radio"/> Dennis Cazzin (200248)	<input type="radio"/> Ariel Kwan (619452)	<input type="radio"/> Daniel Ngai (607816)	<input type="radio"/> Clara Yung (603540)
		<input type="radio"/> Samantha Quach (615255)	<input type="radio"/> Kim Truong (605031)
Administering Pharmacist Signature:			

