2022-2023 INFLUENZA VACCINE CONSENT FORM

1. CLIENT INFORMATION

Client's Last Name			Client's First Name
Date of Birth Year	Month	Day	☐Male ☐Female ☐Self-identify:
Address			Postal Code
Name of Parent / Legal Guardian (for child)		Relationship to Child	Cell / Home Phone

2. HEALTH ASSESSMENT

a) Have you *(or child)* been sick recently or had a fever?	☐YES ☐ NO
b) Have you *(or child)* had a serious reaction to a vaccine before?	☐YES ☐ NO
c) Do you *(or child)* have any allergies (e.g.Thimerosal, Neomycin, Polymyxin B, Kanamycin)?	☐YES ☐ NO
d) Have you *(or child)* been diagnosed with *Guillain-Barré* or *Oculo-Respiratory Syndrome*?	☐YES ☐ NO
e) Do you *(or child)* have a neurological or bleeding disorder, or a history of fainting?	☐YES ☐ NO
f) If the child is <5 years old, have they received a COVID-19 vaccine in the past 2 weeks?	☐YES ☐ NO

3. CONSENT FOR VACCINATION. Clients, 14 years and older can sign their own consent

I have read the attached influenza vaccine fact sheet. I understand the expected benefits and possible risks and side effects of the vaccine. I understand the possible risks to myself / my child if not vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health.

I authorize Toronto Public Health to administer the influenza vaccine to myself / my child.

X _____ _____

Signature of Client ☐ Parent/Legal Guardian ☐ Date

4. NURSE TO COMPLETE

Influenza Vaccine IM Injection Vaccine Administered:			Dose:	Lot #:	Expiry Date:	Indicate Vaccination Site			
						Deltoid		Anterolateral Thigh (infant only)	
						Left	Right	Left	Right
	☐	FluLaval Tetra® QIV (6 months and older)	0.5 mL			☐	☐	☐	☐
	☐	Fluzone® QIV (6 months and older)	0.5 mL			☐	☐	☐	☐
	☐	Afluria® Tetra QIV (5 years and older)	0.5 mL			☐	☐	N/A	
65+ Only	☐	Fluzone® HD-QIV	0.7 mL			☐	☐	N/A	
65+ Only	☐	Fluad® Adjuvanted-TIV	0.5 mL			☐	☐	N/A	
Vaccinator's Name:			Vaccinator's Signature:			Date & Time:			
Notes:									

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act. It is used to administer the TPH Vaccine Preventable Diseases (VPD) Program, including maintaining immunization records for students. For more information, visit our Toronto Public Health Information Practices Statement at https://www.toronto.ca/community-people/health-wellness-care/information-practices-statement/ or contact 416-338-7600.

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