

ADULT: 18 YEARS AND OVER INFLUENZA VACCINE CONSENT FORM – 2021/2022

NOTE: You must remain in the clinic area 15 minutes after the vaccination is given

Last Name: _____ First Name: _____ Gender: _____

Date of Birth: yyyy / mm / dd Age: _____

Address: _____
Street Unit/Apt. # City Postal Code

Telephone: Day: () _____ Evening: () _____

Do you have a chronic medical condition? (i.e. diabetes or a condition affecting your heart, lungs, immune system and/or kidneys, etc.) No Yes If yes, specify _____

Do you have any allergies? No Yes If yes, specify _____

I have read the information about the influenza vaccine on the back of this consent form. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks associated with this vaccine.

Signature: X _____ Date: _____

For Clinic Use Only

I have used (2) client identifiers and the client has no contraindications to receiving the influenza vaccine based on the review of all screening questions. Provider Initials & Designation _____

<p>Vaccine:</p> <p>Fluzone® Quadrivalent (QIV) : <input type="checkbox"/> _____ <small style="margin-left: 200px;">Lot number</small></p> <p>FluLaval® Tetra (QIV) : <input type="checkbox"/> _____ <small style="margin-left: 200px;">Lot number</small></p> <p>Age ≥ 65 years Fluzone® High Dose (TIV) : <input type="checkbox"/> _____ <small style="margin-left: 200px;">Lot number</small></p> <p>Age ≥ 9 years Flucelvax® Quadrivalent(QIV) : <input type="checkbox"/> _____ <small style="margin-left: 200px;">Lot number</small></p>	<p>Dose: 0.5 mL intramuscular <input type="checkbox"/></p> <p>Site: Left deltoid <input type="checkbox"/> Right deltoid <input type="checkbox"/></p>
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Date & Time	Provider Signature & Designation
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Clinical Notes:
(Date-Time) _____

Signature/ Designation:

Influenza facts

Influenza, commonly known as the “flu”, is a serious respiratory illness caused by a virus. It spreads easily through coughing and sneezing or through direct contact with surfaces contaminated by the flu virus. While some symptoms may be cold-like, the flu can be far more serious, causing fever, chills, cough, sore throat, headache and body aches. Complications are more common in young children, the elderly and those who have chronic medical conditions.

The influenza vaccine

The vaccine only contains parts of the flu virus and *cannot give you the flu*.

Each year the content of the influenza vaccine is changed by the World Health Organization (WHO) to protect against the strains that are expected to circulate across the world. You need to receive the vaccine every year to be protected against the flu. The 2020/2021 quadrivalent influenza vaccines can protect against 4 different flu viruses: two influenza A viruses (H1N1 and H3N2) and two influenza B viruses.

A higher dose flu vaccine is also available for persons 65 years or older. It protects against three different flu viruses: two influenza A viruses (H1N1 and H3N2) and one influenza B virus. This is a High-dose trivalent vaccine (TIV). The high-dose (TIV) is expected to provide better protection for seniors. One of the flu strains (H3N2) can be especially serious in seniors.

Vaccine effectiveness varies from year to year depending on different factors, including how well the vaccine ‘matches’ the actual strains that are circulating in the community, and the age and health of the person being vaccinated. Protection is achieved two weeks after the immunization and may last six months or longer.

The flu vaccine is for everyone 6 months of age and older who lives, works or attends school in Ontario. The flu vaccine injection is safe during pregnancy and breastfeeding.

Who should not get the influenza vaccine?

You should not get the influenza vaccine if you are:

- Allergic to thimerosal (for FluLaval® Tetra & Fluzone® Quadrivalent,) ***Doses of thimerosal-free Fluzone® Quadrivalent are available for those with an allergy (pre-filled syringes)
- Anyone who has had a serious allergic reaction (anaphylaxis) reaction to a previous dose of the flu vaccine
- Seriously ill, until you are feeling better
- People who have developed Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza vaccination
 - The potential risk of GBS recurrence associated with influenza vaccination must be balanced against the risk of GBS associated with influenza infection itself and the benefits of influenza vaccination.

What are the side effects of the influenza vaccine?

Most people have no reaction to the vaccine. Side effects that last 1-3 days may include:

- Soreness, redness and swelling at the injection site
- Tiredness/weakness
- Low grade fever, headache and muscle aches. Extra rest, plenty of fluids and acetaminophen (e.g. Tylenol™) will help ease these symptoms.

Severe side effects and anaphylactic reactions are very rare. Oculorespiratory syndrome (ORS) is an unusual side effect reported in past years, causing red eyes and/or swelling of the face and/or coughing, wheezing or difficult breathing. Guillain-Barré Syndrome (GBS) is a rare condition that can result in weakness and muscle paralysis. It most commonly occurs after influenza infection but in rare cases can occur following influenza vaccination. GBS may be associated with influenza vaccine in about 1 per million recipients.