



Name: _____

Phone: _____

Date of Birth: Day ____ Month ____ Year ____

OHIP: _____ EXP: _____
day/month/year

Seasonal Influenza Vaccine Consent Form ≥65 years

Influenza

Influenza is a potentially serious respiratory illness that is caused by a virus. It is spread when infected persons cough or sneeze. Touching contaminated objects and surfaces also spreads it. People who get the flu may have a fever, chills, cough, runny eyes, stuffy nose, sore throat, headache, muscle aches, extreme weakness and fatigue. Illness from the flu usually lasts for about seven days but the cough and fatigue often last for several weeks. Pregnant females, children and adults with certain chronic medical problems, children 6 months to 6 years of age and the elderly are at risk of developing serious complications from the flu. The best way to protect you and your family from the influenza virus is to have a flu shot every fall. It protects you against three influenza strains circulating in the community. Each year the vaccine contains different strains. Individuals 65 years and older receive a high dose flu vaccine, which has been shown to be approximately 25% more effective in preventing the flu in this age group. The vaccine will not give you the flu because it does not contain a live virus. It can prevent the flu in many people and often reduces the severity of the illness in others. It takes about two weeks for you to receive protection from the vaccine.

Please circle your answer to the following questions:

Do you have an illness with fever today?	Yes	No
Have you had a reaction to a flu shot in the past? If yes, what did you experience? <hr/> <small>People who have had an allergic reaction (anaphylaxis) to a previous flu vaccine should not receive it again</small>	Yes	No
Have you ever developed Guillan-Barré Syndrome within 6 weeks of an influenza vaccine or oculorespiratory syndrome with lower respiratory tract symptoms within 24 hours of an influenza vaccine?	Yes	No

Risks and Possible Side Effects

Most people who receive the vaccine either have no or only mild reactions. Studies show that individuals receiving the high dose flu vaccine experience side effects a little more frequently than those who receive the regular flu vaccine. This is because the vaccine causes a stronger immune response, which will help you to develop better protection against the flu. You may have a sore or tender arm at the injection site. You may also experience fever, malaise and/or muscle aches. Very few people experience these side effects and they usually last 24 to 48 hours. Acetaminophen (aka Tylenol) may be taken to reduce discomfort. **In rare cases, serious allergic (anaphylactic) reactions such as trouble breathing, rash, swelling of the face and throat may occur. Allergic reactions can be treated and are usually temporary. The risk of oculorespiratory syndrome or Guillain-Barré Syndrome after flu vaccination is very low, about one case in a million flu shots.** *If you have further questions, please ask us for clarification.*

By signing below you are confirming that you have read and understand the above information and that you wish to receive the flu vaccine.

Signature: _____

To be filled out by the provider:

I confirm that this client does not have a contraindication to receiving the flu vaccine.

Date: _____ Signature: _____

Vaccine _____ 0.5 cc I.M. Lot # _____ Rt deltoid Lt deltoid Lt thigh Rt thigh