



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

OHIP: \_\_\_\_\_ EXP: \_\_\_\_\_  
day/month/year

**Seasonal Influenza Vaccine Consent Form – 6 months to 64 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 such as pneumonia.

The best way to protect you and your family from the influenza virus is to have a flu shot every fall. It protects you and your family against four influenza strains circulating in the community. Each year the vaccine contains different strains. The vaccine will not cause 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 (or your child) have an illness today?	Yes	No
Have you (or your child) had a reaction to a flu shot in the past? If yes, what was the experience? <small>People who have had an allergic reaction (anaphylaxis) to a previous flu vaccine should not receive it again</small>	Yes	No
Have you (or your child) 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
<b>Next 3 questions are just for clients 6 months to 17 years of age</b>		
Is the child allergic to thimerosal (in FluLaval only)	Yes	No
Is the child being vaccinated less than six months old?	Yes	No
If the child is under 9 years of age, is this their first flu shot?	Yes	No

**Risks and Possible Side Effects**

Most people who receive the vaccine either have no or only mild reactions. One may have a sore, tender arm at the injection site, or may 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.

Name of Client/Guardian: \_\_\_\_\_ 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 Name \_\_\_\_\_ 0.5 cc I.M. Lot# \_\_\_\_\_ Rt deltoid Lt deltoid Lt thigh Rt thigh