

This form is to be used to obtain consent from adults and Parent/Guardian/Agents (the decision maker) for a child. If the decision maker is unable to be present at the time that the immunization is given, this form may be filled out in advance and brought to the immunization clinic.

Demographics		
<b>Name: (Last, First)</b>	<b>Date of Birth (YYYY-MM-DD)</b>	
<b>Address:</b>	<b>City:</b>	<b>Province:</b>
<b>Health Services Number:</b>	<b>M/F:</b>	<b>Weight:</b>
In order to proceed with the immunization for the above name person, please answer the following questions. If you require additional space, please use the reverse side.		
Is your child/are you feeling well today? <input type="checkbox"/> No <input type="checkbox"/> Yes If No, please describe: (If you are experiencing diarrhea, vomiting or a high fever, answer no)		
Has your child/do you have allergies to medications, vaccine components, latex or foods? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:		
Has your child/have you ever had a life threatening allergic (anaphylactic) reaction after receiving a vaccine in the past? Has your child/have you had any reactions to vaccines that you were concerned about? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:		
Have your child/have you received any vaccines from other Providers such as a family physician, nurse practitioner, pharmacist or from a travel clinic in the last 4 weeks? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when:		
Has your child/have you received any vaccines or a TB skin test In the past 4 weeks? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:		
In the past year, has your child/have you received any blood Products, immune globulins (antibodies) or antiviral drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:		
Does your child/do you have any medical conditions such as: Kidney, liver (hepatitis A, B, or C), heart or lung diseases? An abnormal or absent spleen? Bone marrow problems or a blood disorder or are on a long-term aspirin therapy? Any metabolic diseases (e.g. diabetes mellitus)? A chronic cerebrospinal fluid leak or a shunt for hydrocephaly? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:		
Does your child/do you have any form of immune suppression related to cancer, leukemia, lymphoma, HIV infection or congenital immune system problems (such as severe combined immunodeficiency disorder, B-lymphocyte [humoral] immunity, T-lymphocyte [cell-mediated] immunity, complement system [properdin, or factor D deficiencies] or phagocytic functions)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when:		
Is your child/are you currently taking cortisone, prednisone, or Other corticosteroids or immune suppressing drugs, receiving chemotherapy or having radiation treatments? (e.g. anti-rheumatic drugs, and drugs used for management of inflammatory bowel disease). <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:		
Has your child/have you ever had a cochlear, solid organ, islet cell Or are recommended to have a transplant in the future? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:		
Has your child/have you ever had a seizure or have a brain or Nervous system disorder (e.g. Guillain-Barre syndrome)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:		

Is your child/are you pregnant or is there a chance she/you could Become pregnant during the next month? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:	
Has your child/have you had a positive TB skin test? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:	
<b>Declaration of Consent</b>	
I confirm that I have read the attached vaccine information sheet regarding the risks, benefits and potential side effects associated with the vaccine. I am aware that I must contact Public Health Branch if I have any questions, or if I have any concerns about the receiving or my child receiving the vaccine. I have had the opportunity to have my questions answered by calling the local Health line. I am satisfied with and understand the information I have been given, and I consent to receiving or my child receiving the immunization as determined to be most appropriate by the pharmacist. I understand that I may, at any time, withdraw this consent to the immunization by calling the pharmacy. I confirm that I have the legal authority to provide consent to this immunization.	
<b>Printed Name of the Person(s) Giving Consent</b>	Relationship to child/dependent: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Agent <input type="checkbox"/> Other _____
<b>Daytime Phone Number</b>	<b>Alternate Phone Number</b>
<b>Signature of Person(s) Giving Consent</b>	Date (YYYY-MM-DD)
<b>Printed Name of Person Obtaining the Consent</b>	Date (YYYY-MM-DD)
<b>Signature of Person Obtaining the Consent</b>	

### Administration Record Details

Date (YYYY-MM-DD)	Time	Vaccine Name	Lot Number/ Expiry Date	Manufacturer	Dose	Injection Site	Name of Pharmacist giving Injection	Signature/Designation Pharmacist	Cost/charge:

Notes/ Adverse Events:

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## Influenza - Seasonal Influenza Vaccine

Information updated August 2014

**\*Updated fact sheet will be available August 2015**

### NOTE:

**Publicly funded influenza vaccines contain 2 influenza A virus subtypes and 1 influenza B virus subtype:**

**A/California/7/2009 (H1N1)-like virus;**

**A/Texas/50/2012 (H3N2)-like virus); and**

**B/Massachusetts/2/2012-like virus)**

### What is influenza ('the flu')?

- Influenza is a disease caused by an influenza virus which is easily spread through coughing, sneezing and direct contact with nose and throat secretions.
- Influenza can result in hospitalization and death, especially in very young children, the elderly and those with serious underlying health conditions.
- Symptoms include sudden onset of fever and chills, a cough, muscle aches, a headache, fatigue and a runny or stuffy nose.
- Infected people can spread the virus on to others before they show any symptoms.

### How can I prevent getting or spreading influenza?

- **You cannot get influenza from any of the influenza vaccines.** Get immunized **every year** to protect yourself and those around you.
- Stay home when you feel sick.
- Wash your hands often with soap and water.
- Use an alcohol-based hand sanitizer gel to clean your hands if soap and water are not available.
- Cough and sneeze into your sleeve or a tissue (throw tissue away after use and wash your hands).
- Clean and disinfect all surfaces regularly.

### Who can get a free influenza vaccine (flu shot)?

- People who are 6 months of age and older.

### The vaccine is highly recommended for:

- Persons with a chronic health condition including but not limited to:
  - lung and/or heart diseases
  - asthma
  - diabetes mellitus (types 1 and 2)
  - neurological conditions
  - cancer
  - kidney disease
- Persons with severe obesity.
- Children on long term aspirin therapy
- Adults 65 years of age and older.
- Pregnant women in all trimesters.
- Residents of a long-term care facility.
- Children from 6 months up to and including 59 months of age (under 5 years old).

**NOTE:** Children less than 9 years of age need 2 doses four weeks apart if they **have not** previously received a flu shot.

### Groups recommended to get immunized to protect those at high-risk include:

- Health care workers and volunteers.
- Household and close contacts of persons who are at risk of getting seriously ill with influenza.
- Household and close contacts of babies younger than 6 months of age.
- Members of households expecting babies.
- Individuals providing regular childcare to children up to 59 months of age (under 5 years old) either in or out of the home.
- Persons who work with poultry or hogs.
- Health sciences students (human and animal).

## Who should not get the vaccine?

***Those who have recently had a mild illness, with or without fever, can still get the influenza vaccine.***

- Babies younger than 6 months old cannot get the vaccine.
- Persons with a past history of a severe allergic reaction to a previous influenza vaccine or any component of an influenza vaccine should discuss their situation with a public health nurse, their physician or nurse practitioner.
- Persons who developed a neurological disorder called Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza immunization.

## How soon will I be protected after getting the vaccine?

- Effectiveness varies depending on the age and the immune response of the person being immunized, and the match between the vaccine strains and the influenza strains circulating in the community.
- Antibodies to prevent influenza develop within 2-3 weeks after immunization in most healthy children and adults.

**Acetaminophen (Tylenol®, Tempra®) can be given for fever or soreness. ASA (Aspirin®) should NOT be given to anyone under 20 years of age due to the risk of Reye's syndrome.**

## What are possible side effects from the vaccine?

***Vaccines are very safe. It is much safer to get the vaccine than to get influenza illness.***

These common reactions are generally mild to moderate and may last 1-4 days:

- Soreness, warmth, redness and swelling at the injection site and/or limited movement of the immunized arm or leg.
- Headache, muscle aches, fever, chills, fatigue, joint pain, irritability, sweating and/or loss of appetite.
- Less common: sore, red or itchy eyes, a cough, and/or skin itching and throat hoarseness.
- It is important to stay in the clinic for 15 minutes after getting any vaccine because there is an extremely rare possibility of a life-threatening allergic reaction called anaphylaxis. This may include hives, difficulty breathing, or swelling of the throat, tongue or lips. This

reaction can be treated, and occurs in less than 1 in a million people who get the vaccine. If this happens after you leave the clinic, call 911 or the local emergency number.

- Oculorespiratory syndrome (ORS) has been reported in past influenza seasons. Tell your public health nurse, physician or nurse practitioner if you have experienced red eyes, respiratory problems (difficulty breathing, cough, wheeze, chest tightness, sore throat) and/or facial swelling following a previous influenza vaccine.
- The background rate of GBS from any cause (**including influenza illness**) is 1-2 cases per 100,000 persons/ year (which equals 10-20 cases per million people/year). Investigations have shown either no risk or a very small attributable risk of GBS in roughly 1 case per million doses /year from influenza vaccine.

## Who should you report reactions to?

- Report any severe, unusual or unexpected reactions to your local public health nurse, your doctor or nurse practitioner as soon as possible.

## Talk to your public health nurse if:

- You have questions or concerns about immunizations.
- You have questions or concerns about your or your child's reaction to an immunization.
- You or your child had to go to a doctor, hospital or health centre with an illness that might be related to an immunization.

## Mature Minor Consent

It is recommended that parents/guardians and their children discuss consent for immunization. Efforts are first made to get parental/guardian consent for immunizations.

However, children at least 13 years of age up to and including 17 years of age, who are able to understand the benefits and possible reactions for each vaccine and the risks of not getting immunized, can legally consent to or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider.

## What do the injectable influenza vaccines contain?

**NOTE: These vaccines cannot cause influenza because they do not contain any live viruses.**

- **AGRIFLU™** is latex and thimerosal free and contains surface antigens of this year's influenza A and B viral strains, sodium chloride, potassium chloride, potassium dihydrogen phosphate, disodium phosphate dihydrate, magnesium chloride hexahydrate, calcium chloride hexahydrate, and may contain residual traces of neomycin, kanamycin, egg proteins, (ovalbumin), formaldehyde, polysorbate 80 or cetyltrimethylammonium bromide, barium and citrates.
- **VAXIGRIP®/FLUZONE®** is latex free and contains surface antigens of this year's influenza A and B viral strains, sodium phosphate buffered isotonic sodium chloride solution, formaldehyde a Triton® X-100 and trace amounts of egg protein, sucrose and neomycin. Thimerosal is added as a preservative.

- **FLUVIRAL®** is latex and antibiotic free and contains surface antigens of this year's influenza A and B viral strains, sodium chloride, potassium chloride, disodium hydrogen phosphate heptahydrate, potassium dihydrogen phosphate and water for injection,  $\alpha$ -tocopheryl hydrogen succinate, polysorbate 80. It may also contain residual amounts of egg proteins (ovalbumin), sodium deoxycholate, ethanol, formaldehyde and sucrose from the manufacturing process. Thimerosal is added as a preservative.

*Individual's immunization information may be recorded in an electronic provincial immunization registry database. Recorded information may be used to:*

- *Manage immunization records.*
- *Notify you if you or your child needs an immunization.*
- *Monitor how well vaccines work in preventing vaccine preventable diseases.*

*Your immunization records may also be shared with health care professionals in order to provide public health services; assist with diagnosis and treatment; and to control the spread of vaccine preventable diseases.*

**For more information contact:  
your local public health office,  
OR your physician or nurse practitioner,  
OR your pharmacist  
OR the HealthLine at 811 (available 24 hours a day).**

## RELATED DOCUMENTS

### [Influenza Vaccine - August 2014](#)

 [influenza-vaccine-fact-sheet-aug2014.pdf](#) ( 430.4 KB )

### [Vaccin contre la grippe saisonniere 2014-2015](#)

 [influenza-vaccine-aug2014-francais.pdf](#) ( 425.7 KB )