

## Caroline Family Health Team – Seasonal Influenza Vaccination Screening and Consent Form

*Please complete this form before receiving the seasonal influenza vaccine (“flu shot”). Your answers to these questions will help the nurse determine if there is any reason why you should not have the annual flu shot. If you are a parent or guardian providing consent for a child or other person, please complete this form for the person being vaccinated.*

### Patient Information

<b>First Name:</b>		<b>Last Name:</b>	
<b>DOB:</b>		<b>Age:</b>	
<b>Address:</b>			
<b>Health card #</b>		<b>Version code:</b>	
<b>Telephone #</b>		<b>Emergency Contact and Telephone number:</b>	

Screening Questionnaire for Person to be Vaccinated	Yes	No
1. Are you sick today? (i.e., fever greater than 39.5°C)		
2. Have you had a serious reaction to influenza vaccine in the past?		
3. Do you have any anaphylactic allergy to eggs or egg products?		
4. Do you have an allergy to any of the components of the flu vaccine? (i.e., gentamicin, neomycin, kanamycin, thimerosal, formaldehyde)		
5. Do you take a blood thinner or have a bleeding disorder?		
6. Have you ever had Guillain-Barré syndrome?		
7. Are you pregnant?		
8. If patient is a child less than 9 years old, are they receiving influenza vaccine for the first time?		

### Seasonal Influenza Vaccination Patient Consent

I consent to having the nurse administer the flu shot. I have reviewed the document “Preparing for a flu shot” and the clinician has answered all of my questions. I understand the risks and benefits, expected outcome and possible side effects of this vaccine.

I am providing consent for myself \_\_\_\_\_  
Patient signature

I am providing consent for the patient identified above

If providing consent for patient identified above, complete below:

Contact information of patient agent  
(name and telephone): \_\_\_\_\_

Relationship to person receiving flu shot: \_\_\_\_\_