

Seasonal Influenza Vaccination Questionnaire and Consent

Instructions:

1. Read each question carefully
2. Circle your answers. **DO NOT GUESS.** Answer YES if you are not certain.

QUESTIONS

- | | | |
|---|-----|----|
| 1. Do you have a respiratory infection or other active infection, illness or fever? | YES | NO |
| 2. Do you have any chronic health problems (including neurological disorders) or do you have a history of Oculo-Respiratory syndrome (ORS)? | YES | NO |
| 3. Do you have a bleeding disorder? | YES | NO |
| 4. Are you taking anti-coagulant medication (blood thinners)? | YES | NO |
| 5. Do you have a history of Guillain-Barre Syndrome (GBS)? | YES | NO |
| 6. Are you undergoing tests for a medical condition? _____ | YES | NO |
| 7. Are you allergic to eggs, egg products, chicken, Thimerosal, formaldehyde, gelatin, Neomycin or Gentamicin? | YES | NO |
| 8. Have you ever had a reaction to any immunization, or an allergic reaction to medication or food? | YES | NO |
| 9. Have you ever fainted when you received an injection? | YES | NO |

It is We Care's policy NOT to vaccinate those who are pregnant or breast feeding but are referred to their Family Physician. A doctor's note will not be accepted.

NOTE: If you answered YES to any of the above questions, you MIGHT NOT be eligible to receive the flu vaccine at this clinic. Please speak with the nurse for further information regarding your options. If there is any issue with your medical history, a doctor's note is advised.

VOLUNTARY CONSENT

I have read the Influenza information sheet and understand the benefits, the side effects and the risks associated with receiving a Flu shot, and the consequences of not having a Flu shot. I have had the opportunity to ask questions and received answers to my satisfaction. I have answered the above questions accurately and wish to receive the seasonal influenza vaccination on a voluntary and informed basis. I hereby absolve We Care Occupational Health Services, of any and all responsibility and I authorize We Care's nurses to administer to me, the seasonal influenza vaccine, by intramuscular injection. Your confidentiality and privacy will be respected at all times. No personal identifying information will be shared. The information collected here is to ensure you safely meet the immunization criteria.

Name (please print): _____
Last Name First Name

Address _____ City/Town _____ Phone No. _____

Date _____ Signature _____ DOB: Day / Month / Year _____

Immunization Nurse Signature _____

Time _____ Drug _____ Dose _____ Route _____ Lot # _____

Influenza Vaccine Information

Influenza

- Influenza is a serious and very contagious disease
- Infected people transmit the virus by coughing, sneezing and hands contaminated by respiratory secretions
- Influenza is seasonal, usually peaking between December and April
- New virus strains emerge annually, thus vaccination is recommended annually
- Influenza and the common cold are not the same. Influenza often causes: fever, headache, loss of appetite, muscular ache and dry cough, lasting 5 to 10 days
- Individuals with medical health problems and the elderly who are infected with the influenza virus may develop further complications such as pneumonia

Influenza Vaccine

- 70% prevention in healthy adults
- If not prevented, severity of illness often reduced
- 90% prevention against pneumonia
- Reduces risk of transmitting influenza to family, co-workers, the elderly and those living with a chronic health condition
- Prevents illness and absence from work
- Improves productivity
- Increased immunity means less transmission and infection

Risk / Possible Side Effects

- The vaccine itself will not cause influenza
- Most people either have no or only mild reactions
- Soreness at the injection site is the most common reaction, rarely fever or muscular aches
- Possible effects may last 24 - 48 hours

SPECIAL NOTICE

You should not receive the vaccine if you have:

- An active illness or fever.
- An allergy to chicken, eggs, egg products, Neomycin, Gentamicin or latex.
- A known sensitivity to Thimerosal (a preservative used in many vaccines), formaldehyde or gelatin.

If you have a fever or an infection, you should not receive the vaccine until you are better. If you are pregnant, or think that you may be pregnant, if you have an active neurological condition, a bleeding disorder, or if you have a history of Guillain-Barré Syndrome (GBS), talk to your physician before having the vaccination. If you have any of these conditions, please bring a written order from your physician authorizing the vaccination. If you have a history of Oculo-Respiratory Syndrome (ORS) or are a nursing mother, you may take the flu shot.

There is a possibility, as with any vaccine or drug, that an allergic reaction or other serious reaction could occur. If you should develop a high fever, or unexpected or prolonged side effects lasting more than 48 hours after having the vaccination, contact your physician.

Client Information

Location: _____ Phone Number: _____

Day: _____ Hour: _____

- Note:
- Please arrive 5 to 10 minutes before your appointment.
 - You will be required to stay 15 minutes after you receive the influenza vaccination.

H1N1 Pandemic Influenza Vaccination

Instructions:

1. Read each question carefully
2. Circle your answers. **DO NOT GUESS.** Answer YES if you are not certain.

QUESTIONS

- | | | |
|---|-----|----|
| 1. Do you have a respiratory infection or other active infection, illness or fever? | YES | NO |
| 2. Do you have any chronic health problems (including neurological disorders) | YES | NO |
| 3. Do you have a bleeding disorder? | YES | NO |
| 4. Are you taking anti-coagulant medication (blood thinners)? | YES | NO |
| 5. Do you have a history of Guillain-Barre Syndrome (GBS)? | YES | NO |
| 6. Are you undergoing tests for a medical condition? _____ | YES | NO |
| 7. Are you allergic to eggs, egg products, chicken, Thimerosal, formaldehyde, mercury or sucrose; or if an adjuvant vaccine is used (Arepanirix) vitamin E, squalene (shark fish oil), or Polysorbate 80? | YES | NO |
| 8. Have you ever had a reaction to any immunization or an allergic reaction to medication or food? | YES | NO |
| 9. Have you ever fainted when you received an injection? | YES | NO |
| 10. Are you pregnant or think you might be pregnant? | YES | NO |

Are you over 20 weeks gestation? YES NO

We Care will NOT vaccinate those under 20 weeks gestation but suggest that they discuss their vaccination needs with your Family Physician.

If you answered YES to any of the above questions, you MIGHT NOT be eligible to receive the H1N1 Pandemic Influenza vaccine at this clinic. Please speak with the nurse for further information regarding your options. If there is any issue with your medical history, a doctor's note is advised.

VOLUNTARY CONSENT

I have read the H1N1 Pandemic Influenza information sheet and understand the benefits, the side effects and the risks associated with receiving the H1N1 Pandemic Influenza shot, and the consequences of not having a Flu shot. I have had the opportunity to ask questions and received answers to my satisfaction. I have answered the above questions accurately and wish to receive the H1N1 Pandemic Influenza vaccination on a voluntary and informed basis. I hereby absolve We Care Occupational Health Services, of any and all responsibility and I authorize We Care's nurse to administer to me, the H1N1 Pandemic Influenza vaccine, by intramuscular injection. Your confidentiality and privacy will be respected at all times. No personal identifying information will be shared. The information collected here is to ensure you safely meet the immunization criteria.

Name (please print): _____

Last Name

First Name

Address _____

City/Town _____

Phone No. _____

Date _____

Signature _____

DOB: Day / Month / Year _____

Immunization Nurse Signature _____

Time _____

Drug _____

Dose _____

Route _____

Lot # _____

H1N1 Pandemic Influenza Vaccine Information

H1N1 Pandemic 2009

- Influenza is a serious and very contagious disease
- Infected people transmit the virus by coughing, sneezing and hands contaminated by respiratory secretions
- Pandemic Influenza has occurred globally and currently is in its second wave in North America
- This is a new virus strain and therefore the seasonal flu vaccine will not provide protection
- The symptoms of H1N1 Influenza may be: sudden onset, fever, dry cough, sore throat, shortness of breath, headache, muscle aches, lethargy and lack of appetite; some may also experience runny nose, nausea, vomiting and diarrhea
- Both healthy individuals and those who live with chronic health problems are at risk for developing serious complications – especially breathing problems which should be treated as a medical emergency

H1N1 Pandemic Influenza Vaccine

- Health Canada has approved this vaccine and views the benefits of receiving it, out-weigh any risks associated with the vaccine itself
- Reduces risk of transmitting influenza to family, co-workers, children and those living with a chronic health condition
- Prevents illness and absence from work
- Improves productivity
- Increases immunity means less transmission and infection

Risk / Possible Side Effects

- The vaccine itself will not cause influenza
- Soreness and redness at the injection site and a sore arm are the most common reactions followed by muscle aches, headache and fatigue, which may last 24 – 48 hours
- Advise your doctor or nurse immediately if you experience; body rash, tightness in the throat and shortness of breath

SPECIAL NOTICE

You should not receive the vaccine if you have:

- An active illness, fever or undergoing tests for an unknown medical condition or a weak immune system
- An allergy to chicken, eggs, egg products, Thimerosal, formaldehyde or mercury
- An allergy to any of the adjuvant contents (added to boost the immune response): vitamin E, squalene (shark fish oil) and Polysorbate 80 (emulsifier)
- If you have an active neurological condition, a bleeding disorder, or if you have a history of Guillain-Barré Syndrome (GBS) talk to your physician before having the vaccination. If you have any of these conditions, please bring a written order from your physician authorizing the vaccination.
- We Care will NOT vaccinate pregnant women under 20 weeks gestation.

NOTE: Pregnant women over 20 weeks gestation and children between 6 months and 3 years of age should be given either the adjuvant or non-adjuvant vaccine according to the most current Public Health guidelines.

There is a possibility, as with any vaccine or drug, that an allergic reaction or other serious reaction could occur. If you should develop a high fever or body rash, tightness in the throat or shortness of breath contact your physician immediately.

Note: Please arrive 5 to 10 minutes before your appointment.

You will be required to stay 15 minutes after you receive the influenza vaccination.