

SEASONAL INACTIVATED INFLUENZA VACCINATION SCREENING AND CONSENT FORM

Please complete this form and read the section entitled “Preparing for the Flu Shot” before receiving the seasonal inactivated influenza vaccine (“flu shot”). Your answers to these questions will help the pharmacist determine if there is any reason why you should not receive this vaccine. 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

First Name:		Last Name:		
Date of Birth: (mm / dd / yyyy)		Age:	Sex:	
Address:				
Street	Apartment	City	Province	Postal Code
Health Card #:		Telephone Number:		
Emergency Contact Name and Telephone Number:				

Screening Questionnaire for Person to be Vaccinated

	Yes	No
Are you sick today (i.e., fever greater than 39.5°C, breathing problems, active infection)?		
Have you had a serious reaction to influenza vaccine in the past?		
Do you have any allergies, including allergy to eggs or egg products?		
Do you have an allergy to any of the components of the flu vaccine? <i>(e.g., gentamicin, neomycin, kanamycin, thimerosal, formaldehyde)</i>		
Do you take a blood thinner or have a bleeding disorder?		
Do you have a new or changing condition affecting the brain or nervous system?		
Have you ever had Guillain-Barré syndrome?		
Are you pregnant?		
If patient is a child less than 9 years old, are they receiving Influenza vaccine for the first time?		
If you are 50 years or older, have you received a Shingles vaccine in the past?		
If you are 50 years or older, have you received a Pneumococcal vaccine in the past?		

Seasonal Inactivated Influenza Vaccination Patient/Agent Consent

I consent to having the Shoppers Drug Mart Pharmacist administer the seasonal inactivated influenza vaccine. I have reviewed the document entitled “Preparing for the Flu Shot” and the pharmacist has answered my questions. I understand the risks, benefits, expected outcome and possible side effects of this vaccine and agree to wait in the pharmacy for 15 to 30 minutes after receiving the vaccination. I agree to see a doctor if I develop any side effects or health problems after receiving the vaccine. I agree that the Shoppers Drug Mart pharmacy may share my personal health information regarding this vaccination as required with public health officials and other healthcare providers. I consent to be contacted by telephone by this Shoppers Drug Mart pharmacy or its authorized agent, the Shoppers Drug Mart Patient Contact Centre located in Ontario, regarding this vaccination and other related services that may be of benefit to me.

- I am providing consent for myself
- 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 the seasonal inactivated influenza vaccination:

Parent Guardian Other, please specify _____

Signature of person providing consent: _____

Date: ____ / ____ / ____
mm dd yyyy

AFTER FLU SHOT CARE

By getting your flu shot today, you've done your part to protect yourself, your loved ones and your community from the spread of influenza. Please take a moment to review the following information

What should I do if I experience a reaction?

The flu shot is well tolerated and most people will have no reaction or only a mild reaction, so you should be able to go about your normal activities for the rest of the day. The following are potential side effects and suggestions to help manage them:

- Soreness at the injection site – Apply a cool compress to the site (10 minutes on and 10 minutes off) until the soreness goes away.
- Mild fever and muscle aches – If needed, ask your Pharmacist to recommend an over-the-counter medication

Why do I need to stay at the Pharmacy for 15 minutes after getting my flu shot?

In very rare instances, a serious allergic reaction can occur. These reactions most often begin shortly after receiving the vaccination but may appear a few hours later as well. Symptoms may include any of the following and require immediate medical attention:

- Face, mouth, throat swelling
- Hives, itchy rash
- Chest pain, increased heart rate, difficulty breathing
- Sudden decrease in blood pressure, dizziness, confusion
- Crampy abdominal pain, nausea, vomiting, diarrhea

In addition, if any unusual condition occurs following vaccination, such as a high fever (over 38°C), severe muscle aches or tingling or numbness in the legs, seek medical attention right away.

How long does it take for the flu shot to become effective?

It takes about 2 weeks after your flu shot for your body to build antibodies, and therefore, you may not have added protection from the flu during this time.

For more information, speak to your Shoppers Drug Mart Pharmacist.

PREPARING FOR THE FLU SHOT

What is influenza?

Influenza (“the flu”) is an infection of the respiratory tract that is caused by a virus. It is spread through coughing, sneezing, shaking hands or by touching contaminated objects. Symptoms include sudden high fever, cough, headache, muscle aches, loss of appetite and fatigue. Flu season in Canada usually lasts from November to April.

Why get the flu shot?

It can not only prevent you from getting ill, but also from spreading influenza to those who may be at risk of more serious complications, such as pneumonia. Getting a flu shot every year is an important part of your defense against influenza because the type of virus changes from year to year.

Who should get it and who should not get it?

It is recommended that everyone 6 months of age and older get the flu shot. You should speak with your pharmacist or doctor first if you have a history of a severe allergic reaction to influenza vaccine or a component of the vaccine, or a history of Guillain-Barré syndrome because the flu shot may **not** be appropriate for you. If you are ill with a fever, the pharmacist may ask you to come back for your flu shot when you are better. Inform the pharmacist if you have a severe egg allergy or any other allergies.

What can I expect from the flu shot?

The injection is usually given in the arm so the pharmacist will require access to your upper arm. The flu shot does not cause the flu. The most common side effect is soreness at the site of the injection. Some people can also develop a fever and muscle aches. The pharmacist will ask you to wait at the pharmacy for approximately 15 minutes after your injection to make sure that you do not have a reaction to the vaccine.

What should I do if I experience a side effect or reaction from the flu shot?

For soreness, ask the pharmacist if an over-the-counter pain medication may be appropriate for you, or apply a cold cloth to the area. If you experience a less common reaction such as red eyes, breathing problems, and swelling of the face (called oculorespiratory syndrome) see your doctor if these symptoms do not go away. Guillain-Barré syndrome is rare and causes symptoms such as muscle weakness, tingling and numbness in the legs and feet or loss of movement. If you are concerned about your symptoms, see your doctor.

Pharmacy Use Only – Pharmacist Documentation

<input type="checkbox"/> Flulaval® (GSK) DIN: _____	<input type="checkbox"/> Agriflu® (Seqirus) DIN: _____	<input type="checkbox"/> Vaxigrip® (Sanofi Pasteur) DIN: _____	<input type="checkbox"/> Flud® (Seqirus) DIN: _____	<input type="checkbox"/> Fluviral® (GSK) DIN: _____	<input type="checkbox"/> Fluzone®QIV (Sanofi Pasteur) DIN: _____	<input type="checkbox"/> Influvac® (Mylan - BGP Pharma) DIN: _____	<input type="checkbox"/> Other _____ Manufacturer: _____ DIN: _____
Dose: <input type="checkbox"/> 0.5 mL <input type="checkbox"/> _____		Route and site of administration: <input type="checkbox"/> IM		Lot number: _____		Expiry: _____	
Site: Deltoid <input type="checkbox"/> Left <input type="checkbox"/> Right		Date of administration: _____ / _____ / _____ mm dd yyyy		Time of administration: _____ AM / PM			
Rationale for vaccination	<input type="checkbox"/> Prevention of influenza; no contraindications Other comments: _____						
Patient counseling	<input type="checkbox"/> Potential adverse reactions and their management <input type="checkbox"/> Other: _____						
Patient response	Before vaccination administration/vaccination: During administration: After waiting period: _____						
Adverse reactions	Did the patient have an adverse reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe nature of the reaction and action(s) taken) _____						
Follow-up	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe the reason for follow-up and timing) _____						
Communication	<input type="checkbox"/> Public Health <input type="checkbox"/> Healthcare provider Name: _____ Method of notification: <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____ Date notified: _____						

FOR NOVA SCOTIA ONLY

HealthWATCH Immunization Record Complete

I confirm that the patient named above is capable of providing consent for the seasonal influenza vaccination or that a parent/ guardian or other agent has provided consent on behalf of the patient. I confirm that the seasonal influenza vaccine should be given to the patient based on my assessment.

Name and Title of Pharmacist Administering Vaccine: _____

Pharmacist Licence Number: _____ Pharmacist Signature: _____

BC, MB, NS
C38_RX_SHT-PDS-V7_04_010019_SE

 Updated May 2019

FLU IMMUNIZATION RECORD

AFFIX PHARMACY LABEL / RECEIPT HERE

FLU VACCINE NAME:

Agriflu Flud Fluviral Flulaval

Fluzone QIV Influvac Vaxigrip

If applicable, next dose due date:

SEASONAL INACTIVATED INFLUENZA VACCINE ELIGIBILITY

In British Columbia, the inactivated influenza vaccine or flu shot is provided free this year to certain groups of people.

Do any of the following apply to you or the person you're providing consent to receive the influenza vaccination? Please check.

At high risk of serious illness from influenza, such as:

- Child 6 months to less than 5 years of age
- Pregnant woman
- 65 years and older
- Resident of any age living in residential care, assisted living or other group facilities
- Aboriginal person
- Child or teenager required to take Aspirin® or ASA for long periods of time due to a medical condition
- Child or adult with one of the following medical conditions:
 - Heart or lung disorders that require regular medical care, such as asthma, chronic obstructive pulmonary disease, or cystic fibrosis
 - Kidney disease, chronic liver disease such as hepatitis, diabetes, cancer, anemia, or weakened immune system
 - Those with health conditions causing difficulty breathing, swallowing, or a risk of choking on food or fluids, such as people with severe brain damage, spinal cord injury, seizures or neuromuscular disorders
 - Those who are very obese

Able to transmit or spread influenza to those at high risk of serious illness from influenza including:

- Household contact of people at high risk
- Household contact, caregiver or daycare staff of children under 5 years of age
- Doctor, nurse or other working in health care settings who have contact with patients
- Visitor to health care facilities and other patient care locations
- Live or work in confined settings, such as correctional facilities
- Those who provide care or service to people at high risk in potential outbreak settings, such as cruise ships
- Provide essential community services such as police officers, firefighters and ambulance attendants
- Farmer or other people who work with live poultry
- I meet the criteria for publicly funded vaccine as set out above

Name: _____

Signature: _____ Date: _____

Updated September 2015