

SEASONAL INFLUENZA CONSENT FOR IMMUNIZATION

6 months old - 17 years old

Section 1: Client Information (Parent/Guardian must complete)

Last Name	First Name	Gender M F
Health Card Number	Birthdate (YYYY/MM/DD)	Age of Child

Section 2: Child's Health Checklist (Parent/Guardian must complete)

- Does your child have a history of anaphylactic reaction to a previous dose of influenza vaccine or to any component of influenza vaccine?
No Yes If yes, explain: _____
- Does your child have any allergies (including to eggs)?
No Yes If yes, list allergy and reaction: _____
- Does your child have severe asthma (on **high** dose inhaled or oral steroids) or medically attended wheezing in the past 7 days?
No Yes If yes, explain: _____
- Is your child immunocompromised due to disease (e.g. cancer) or treatment (e.g. taking prednisone)?
No Yes If yes, explain: _____
- Does your child have a history of Guillain-Barré syndrome (GBS) within 6 weeks of receipt of a previous dose of influenza vaccine without another cause being identified?
No Yes If yes, explain: _____
- Is your child on long term aspirin therapy?
No Yes If yes, explain: _____
- Does your child have close contact to someone who has an extremely weakened immune system (e.g. bone marrow or solid organ transplant recipients)?
No Yes If yes, explain: _____

Section 3: Consent for Immunization (Parent/Guardian must complete)

I have read the influenza vaccine information sheet and I consent to the Regina Qu'Appelle Health Region administering the influenza vaccine to my child.

Parent/Guardian Signature

Date

Daytime Phone Number

Section 4: For Public Health Use Only

Complete Steps 1 OR 2

**Complete Step 3

Step 1: Vaccine administered entered in Panorama YES _____

Step 2: Complete information below for vaccine NOT in Panorama:

Date	Seasonal Influenza Vaccine	Dose	Lot Number	Administration Site	Nurse Signature
____/____/____ YYYY / MM / DD	____ FluMist	0.2mL (nasal spray)		IN	
____/____/____ YYYY / MM / DD	____ Agriflu ____ Vaxigrip ____ Fluviral	0.5mL (IM)		LA RA LL RL	

Step 3: Select Age Category Immunized:

6mo – 8yr old	9yr-17yr old

*Initial when entered in Panorama _____