## 2020-2021 Seasonal Influenza Vaccine Consent Form

Part A:	Name:	Telephone No.:					
Date of Birth:		Age:	Age: Family Doctor: ( )Dr. J Ye ( ) Dr. J Huo				
You shou	ld <u>not</u> receive th	ne Influenza vaco	ine if any	of the followi	ng apply:		
· You have ev	ver had a serious allerg	ic reaction to eggs, form	aldehyde, gelat	in, or to a previous	dose of influent	za vaccine.	
· You have a	history of Guillain-Barre	e Syndrome (GBS).	· You are	e ill.			
Possible i	reactions:						
		site of the shot, fever					
Severe: Acu	ite allergic reaction –	high fever, confusio within a few minute		eathing, hives, ar	nd rapid heart	beat would occur	
Guill	ain-Barre Svndrome	- progressive muscle		nd paralysis may	occur a week	after the vaccine.	
-		This occurs in 1-2 of					
OUESTION	IC VOLLMILICT AN	CWED		Cirolo vour	Baananaa		
Are you ill	<u>IS YOU MUST AN</u> today?	SWER		Circle your Yes /			
	lergic to eggs?			Yes /			
		reaction to a flu v	accine?	Yes /			
Have you had Guillain-Barre Syndrome?				Yes /			
Are you all	lergic to latex?	•		Yes /	No		
Have you ever had a severe reaction to formalde				Yes /	No		
Have you e	ever had a severe	reaction to gelatir	າ?	Yes /	No		
above name		act sheet(s) regarding d below. I have had th n.					
Patient Si	gnature:		Date:				
			Signature:				
•	hip to the patient	,					
		>>>>>>>>>>					
	<del>-</del>	via IR Date se circle your ar		An	ivea tille.		
		of Canada in the la		Yes No			
•		ymptoms of COVID				rothroat or	
						ore throat, or	
•		Yes				· · · COV/ID 103	
3) Have you	a been in close cor	tact with a person : <b>Yes</b>	snowing syn <b>No</b>	iptoms or teste	ea positive to	or COAID-135	
4) Have you	u been in close cor	tact with a person	with acute re	espiratory illne	ss who has b	een outside of	
Canada in t	he last 14 days?	Yes	No				
	•			Patient s	ignature:		
		Fluzone high-dose(>= (2-59y, not covered by		Dose 0.5ccIM Lot:	Location: R Exp:	L deltoid	
Witnessed/Administered By:				time:			

NOTE: You must remain in the clinic area 15 minutes after the needle is given