



HEALTHSERV Professionals Inc.

Questionnaire and Consent to receive the INFLUVAC® TETRA Vaccine

COMPLETE AND BRING THIS FORM WITH YOU TO YOUR APPOINTMENT. ALL QUESTIONS MUST BE ANSWERED BEFORE IMMUNIZATION IS GIVEN. PLEASE WEAR SHORT SLEEVES.

Your personal information is collected in accordance with sections 26(a)(c) of the Freedom of Information and Protection of Privacy Act and the Healthcare Consent and Care Facilities Act for the purposes of safely administering your influenza vaccine. If you have any questions about the collection or use of this information, please contact Healthserv at 1-866-663-5848 or see our Privacy Policy: <http://www.healthserv.com/privacy-policy/>

First Name: _____ **Last Name:** _____

Worksite Address: _____ **City/Town:** _____

Please check your Ministry or Organization:

- | | | |
|---|--|--|
| <input type="checkbox"/> Agriculture and Food | <input type="checkbox"/> Social Development and Poverty Reduction | <input type="checkbox"/> BC Energy Regulator |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> Tourism, Arts, Culture and Sport | <input type="checkbox"/> BC Housing |
| <input type="checkbox"/> BC Public Service Agency | <input type="checkbox"/> Transportation and Infrastructure | <input type="checkbox"/> BC Infrastructure Benefits Corporation |
| <input type="checkbox"/> Children and Family Development | <input type="checkbox"/> Water, Land and Resource Stewardship | <input type="checkbox"/> BC Investment Management Corporation |
| <input type="checkbox"/> Citizen's Services | <input type="checkbox"/> Office of the Premier | <input type="checkbox"/> BC Pension Corporation |
| <input type="checkbox"/> Corporate Services for the Natural Resource Ministries | <input type="checkbox"/> Cabinet Operations | <input type="checkbox"/> BC Securities Commission |
| <input type="checkbox"/> Education and Child Care | <input type="checkbox"/> Government Comms and Public Engagement | <input type="checkbox"/> BC Treaty Commission |
| <input type="checkbox"/> Emergency Management and Climate Readiness | <input type="checkbox"/> Intergovernmental Relations Secretariat | <input type="checkbox"/> BC Utilities Commission |
| <input type="checkbox"/> Energy, Mines and Low Carbon Innovation | <input type="checkbox"/> Legislative Assembly | <input type="checkbox"/> Community Living BC |
| <input type="checkbox"/> Environment and Climate Change Strategy | <input type="checkbox"/> Elections BC | <input type="checkbox"/> Consumer Protection BC |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Office of the Auditor General | <input type="checkbox"/> Destination BC Corp. |
| <input type="checkbox"/> Forests | <input type="checkbox"/> Office of the Conflict of Interest Commissioner | <input type="checkbox"/> Environmental Assessment Office |
| <input type="checkbox"/> Health | <input type="checkbox"/> Office of the Human Rights Commissioner | <input type="checkbox"/> First People's Cultural Council |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Office of the Information and Privacy Commissioner | <input type="checkbox"/> Forest Practices Board |
| <input type="checkbox"/> Indigenous Relations and Reconciliation | <input type="checkbox"/> Office of the Merit Commissioner | <input type="checkbox"/> Habitat Conservation Trust Fund |
| <input type="checkbox"/> Jobs, Economic Development and Innovation | <input type="checkbox"/> Office of the Ombudsperson | <input type="checkbox"/> InBC Investment Corporation |
| <input type="checkbox"/> Labour | <input type="checkbox"/> Office of the Police Complaint Commissioner | <input type="checkbox"/> Infrastructure BC |
| <input type="checkbox"/> Mental Health and Addictions | <input type="checkbox"/> Office of the Representative for Children and Youth | <input type="checkbox"/> Innovate BC |
| <input type="checkbox"/> Municipal Affairs | | <input type="checkbox"/> Royal BC Museum |
| <input type="checkbox"/> Post-Secondary Education and Future Skills | | <input type="checkbox"/> Transportation Investment Corporation |
| <input type="checkbox"/> Public Guardian and Trustee | | |
| <input type="checkbox"/> Public Safety and Solicitor General | | <input type="checkbox"/> OTHER please specify:

_____ |

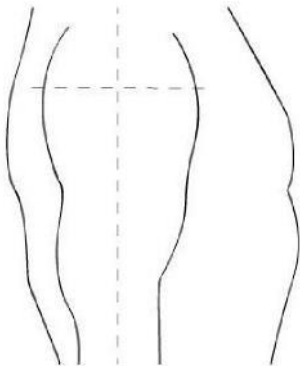
Please circle the appropriate answer (all questions must be answered yes or no)

- | | | |
|--|-----|----|
| 1. Have you ever had a reaction to a flu immunization or other injection? | Yes | No |
| 2. Are you allergic to or had a reaction to: | | |
| a. eggs or egg products (chicken protein) | Yes | No |
| b. Formaldehyde | Yes | No |
| c. cetyltrimethylammonium bromide, or polysorbate 80 | Yes | No |
| d. Gentamicin | Yes | No |
| (Hives, swelling of the mouth or throat, difficulty breathing, changes in blood pressure) | | |
| 3. Do you have any allergies? | Yes | No |
| 4. Do you presently have an active infection, illness, or fever? | Yes | No |
| 5. Do you have bleeding or neurological disorder? | Yes | No |
| 6. Are you presently taking medication such as, anticoagulants
(e.g., Warfarin, Xarelto) or corticosteroids (e.g., Prednisone)? | Yes | No |
| 7. Are you presently on immunosuppressive therapy? | Yes | No |
| 8. Are you pregnant in your 1 st Trimester? | Yes | No |

I, _____ acknowledge that I understand the risks and benefits associated with this immunization. I give my consent to the administration of the influenza vaccine.

Date: _____ Signature: _____
DAY / MONTH / YEAR

Some people may experience minor side effects such as soreness, redness and swelling at the injection site up to 2 days. Less frequent side effects include fever, malaise, or muscle aches within 6-12 hours, lasting for 1-2 days.
If these symptoms persist or worsen, **contact your physician or a medical clinic.** Please also **report this to HEALTHSERV** at 1-866-663-5848.



To be completed by the Occupational Health Nurse:

Manufacturer: INFLUVAC® TETRA **Dose:** 0.5 ml **Route:** IM Deltoid

(check one) R or L **Lot#:** _____ **Expiry:** _____

Immunization Date: _____ **Nurse Signature:** _____
DAY/MONTH/YEAR