

HEALTHSERV Professionals Inc.

Questionnaire and Consent to receive the Influvac Vaccine

Bring this form with you to the immunization clinic. Please wear short sleeves.

ALL QUESTIONS MUST BE ANSWERED BEFORE IMMUNIZATION IS GIVEN:

Name: _____

Ministry: _____

Worksite Address: _____ City/Town: _____

Please check the appropriate answer (all following questions must be answered yes or no):

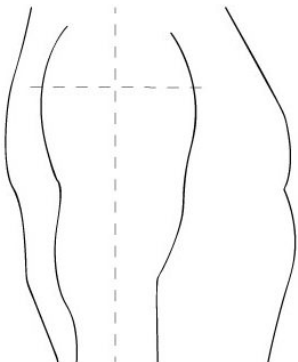
1. Are you allergic to eggs or egg products or chicken protein? Yes No
(Hives, swelling of the mouth or throat, difficulty breathing, changes in blood pressure)
2. Are you allergic to: Formaldehyde, gentamicin (Garamycin, Neomycin, Kanamycin), cetyltrimethylammonium bromide (CTAB), polysorbate 80? Yes No
3. Have you ever had a reaction to a flu immunization or other injection? Yes No
4. Do you presently have an active infection, illness or fever? Yes No
5. Do you have a bleeding or neurological disorder? Yes No
6. Are you presently taking medication such as Theophylline, anticoagulants (eg. Warfarin) or corticosteroids (eg. Prednisone)? Yes No
7. Are you presently on immunosuppressive therapy? Yes No
8. Are you pregnant? Please indicate: Yes No
1st Trimester (with physician note) _____ 2nd Trimester _____ 3rd Trimester _____

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: _____
DAY / MONTH / YEAR

Signature: _____

*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**. Please also **report this to HEALTHSERV** at 1-866-663-5848.*



To be completed by the Occupational Health Nurse:

Manufacturer: Mylan Dose: 0.5 ml Route: IM Deltoid

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

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