

Lakeside Medicine Centre

112a 2365 Gordon Dr, Kelowna BC. (250) 860-3100



Flu Vaccine Consent

Name: _____ , _____
(Last) (First)

Telephone #: (____) - ____ - _____

BC Care Card #: _____

Birthdate: ____ / ____ / ____
YYYY MM DD

Questionnaire	YES	NO
1. Have you ever had any type of reaction to a vaccine in the past?		
2. Do you have any allergies? Please notify the pharmacist		
3. Have you been sick or had a fever in the past 5 days?		
4. Are you on any blood thinning medications? Ex: Aspirin, Warfarin, etc.		
5. Is this your first ever flu shot?		

Eligibility for Publicly Funded Flu Vaccine (check any that apply – require at least 1 for free vaccine)

- Chronic Health Condition (Asthma, COPD, heart/kidney/liver disease, weakened immune system, diabetes, etc)
- 65 years and older
- Resident of Care or Assisted Living Facility
- Live with or care for anyone listed above
- Visitor to Hospital or Care Facility
- Person of Aboriginal descent
- Pregnant Woman
- Health Care Worker/Essential Service Worker

About the Vaccine

The flu (influenza) vaccine is injected into the shoulder muscle. The vaccine provides protection against three strains of the flu virus that are projected to be circulating this flu season that could potentially cause infection. The flu shot only provides you with protection against the strains it contains.

The flu vaccine is generally well tolerated; however, you may experience: fever; headache; and/or soreness/redness/swelling at the injections site. These symptoms should not interfere with your daily activities. Less common reactions include mild fever and/or muscle aches (these symptoms typically resolve within 2-3 days).

Acknowledgement:

I acknowledge that I have been informed of the possible benefits and/or side effects of the influenza (flu) vaccine. I agree to remain in the area recommended by the pharmacist for 15 minutes and inform the pharmacist if I feel unwell. I hereby give my informed consent to be immunized with the influenza vaccine.

If, in the event of an emergency, I authorize the pharmacist to administer/apply life-saving procedures as an interim measure until medical support personnel arrive.

(Signature) Date: _____

Pharmacy to Complete:		
Vaccine:	Site: L / R Deltoid	List any reactions:
Lot:	Date:	
Exp:	Time:	Initials:

THIS SIDE MUST BE COMPLETED ON THE DAY OF YOUR VACCINATION ONLY

ALL VACCINATIONS REQUIRE A MASK TO BE WORN BY PATIENTS

COME WITH A SHORT SLEEVE SHIRT AND REMOVE JACKET PRIOR TO VACCINATION

PLEASE MAINTAIN 6 FEET OR 2 METERS DISTANCE FROM OTHER PATIENTS

PATIENT: _____ **Date** (of vaccination & screening): _____

COVID Screening Questions	YES	NO
1. <u>Are you experiencing any of the following:</u> <ul style="list-style-type: none">• Severe difficulty breathing (eg. Struggling to breathe or speak single words)• Severe chest pain• Having a very hard time waking up• Feeling confused• Losing consciousness		
2. <u>Are you experiencing any of the following:</u> <ul style="list-style-type: none">• Mild to moderate shortness of breath• Inability to lie down because of difficulty breathing• Chronic health conditions that you are having difficulty managing because of difficulty breathing		
3. <u>Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?</u> Symptoms include: fever, chills, cough or worsening chronic cough, shortness of breath, sore throat, runny nose, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea or vomiting, muscle aches, stuffy nose, pink-eye, dizziness, confusion, abdominal pain, skin rash or discoloration of fingers or toes.		
4. Have you travelled outside of Canada within 14 days?		
5. Do you provide care or have close contact with a person with confirmed COVID-19?		

If answer yes to any of the above questions, follow directions below:

- 1) Call 9-1-1 or go directly to emergency department, symptoms require emergency medical care.
- 2) Call 8-1-1 or speak to family doctor to get advice about how you are feeling and what to do next. If symptoms worsen, seek urgent medical care.
- 3) Call 8-1-1 or speak to family doctor about getting a COVID-19 test and self-isolate.
- 4) Self-isolate and self-monitor for symptoms for at least 14 days after arrival in Canada or 10 days after onset of symptoms (whichever is longer) per the Quarantine Act.
- 5) Self-isolate and self-monitor for symptoms for 14 days after last contact with positive person.