

**2018-2019 SEASONAL INFLUENZA AND PNEUMOCOCCAL -
CONSENT FORM**



Region: PRAIRIE MOUNTAIN HEALTH Clinic Location: DAUPHIN CLINIC PHARMACY

Client Information

Surname _____ Given Names _____
 Address _____ City/Town _____ Postal Code _____
 Home Phone _____ Date of Birth (yyyy/mm/dd) _____ / _____ / _____ Gender Male / Female
 Manitoba Health Number (6 digits) _____ PHIN (9 digits) _____

A. Health History of Client

1. Are you well today? Yes No

2. Do you have any allergies? (example: eggs) Yes No

3. Have you ever had a serious reaction or condition following any vaccine? Yes No

4. Do you have any conditions that require regular visits to a doctor? Yes No

5. Are you taking any medication that affects blood clotting? (example: Warfarin) Yes No

B. Reason for Immunization – Please check the first reason that applies (Check ONE box only)

1. Health care worker 2. High risk 3. Contact of high risk 4. No known risk

C. Informed Consent –

I have read and understood the fact sheet(s) regarding the vaccine(s) that I am consenting be administered to the above named person as indicated below. I have had the opportunity to ask questions about the vaccine(s) which were answered to my satisfaction.

Complete **ONLY ONE** of the following two options:

1. Consent by parent or legal decision maker
I consent to the above named person receiving:

Seasonal Influenza Vaccine Pneumococcal Vaccine

Name _____ Relationship _____
 Phone number _____ Date _____
 Signature _____

2. Consent by client

I consent to receiving:
 Seasonal Influenza Vaccine Pneumococcal Vaccine

Date _____
 Signature _____

THE FOLLOWING SECTION TO BE COMPLETED BY IMMUNIZATION PROVIDER

The following five interventions must be performed and documented with a check mark by the immunization provider.

1. Fact sheet(s) provided
2. Health history completed and reviewed
3. Expected benefits and material risks of vaccine provided
4. Information provided about reporting vaccine side effect (Reportable side effects pursuant to section 57(2) of the Public Health Act)
5. Concerns and questions addressed

Vaccine	Date Y/M/D	Lot #	Manufacturer	Dose	Route	Site	Immunization Provider's Signature	Data Entry
Seasonal Influenza	Dose 1	CC9TY	GSK	0.5M	I.M.	Deltoid		PS Code
	Dose 2							
Pneumococcal (Pneu-P-23)		R014676	MERCK	0.5M	I.M.	Deltoid		PS Code