

**CHILD: 6 MONTHS TO 17 YEARS  
INFLUENZA VACCINE CONSENT FORM – 2020/2021**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth:   yyyy / mm / dd   Age: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Unit/Apt. #

City

Postal Code

Telephone: Day: (        ) \_\_\_\_\_ Evening: (        ) \_\_\_\_\_

Do you have a chronic medical condition? (i.e. diabetes or a condition affecting your heart, lungs, immune system and/or kidneys, etc.) No  Yes  If yes, specify \_\_\_\_\_

Do you have any allergies? No  Yes  If yes, specify \_\_\_\_\_

I have read the information about the influenza vaccine on the back of this consent form. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks associated with this vaccine.

Parent Last Name: \_\_\_\_\_ Parent First Name: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**For Clinic Use Only**

I have used (2) client identifiers and the client has no contraindications to receiving the influenza vaccine based on the review of all screening questions. Provider Initials and Designation \_\_\_\_\_

**Vaccine:**

Fluzone® Quadrivalent (QIV) :  \_\_\_\_\_

**Dose:** 0.5 mL intramuscular

Lot number

**Site:** Left deltoid

Right deltoid

Left thigh

Right thigh

FluLaval® Tetra (QIV) :  \_\_\_\_\_

Lot number

**Only Indicated for children ≥ 9 years of age**

Flucelvax® Quadrivalent (QIV) :  \_\_\_\_\_

Lot number

**Date & Time**

**Provider Signature & Designation**

**Clinical Notes:**

(Date - Time) \_\_\_\_\_

**Signature/Designation:**

### **Influenza facts**

Influenza, commonly known as the “flu”, is a serious respiratory illness caused by a virus. It spreads easily through coughing and sneezing or through direct contact with surfaces contaminated by the flu virus. While some symptoms may be cold-like, the flu can be far more serious, causing fever, chills, cough, sore throat, headache and body aches. Complications are more common in young children, the elderly and those who have chronic medical conditions.

### **The influenza vaccine**

The vaccine contains only parts of the flu virus and *cannot give you the flu*.

Each year the content of the vaccine is changed by the World Health Organization (WHO) to protect against the strains that are expected to circulate across the world. The 2020/2021 quadrivalent influenza vaccines can protect against 4 different flu viruses: two influenza A viruses (H1N1 and H3N2) and two influenza B viruses.

Vaccine effectiveness varies from year to year depending on different factors, including how well the vaccine ‘matches’ the actual strains that are circulating in the community, and the age and health of the person being vaccinated.

The flu vaccine is for everyone 6 months of age or older who lives, works or attends school in Ontario. You need to receive the vaccine every year to be protected against the flu. Protection is achieved two weeks after the immunization and may last six months or longer. Children less than nine (9) years of age need two (2) doses, given at least four (4) weeks apart, if they haven’t had a seasonal flu vaccine before. The flu vaccine injection is safe and recommended during pregnancy and breastfeeding.

### **Who should not get the influenza vaccine?**

You should not get the influenza vaccine if you are:

- Under 6 months of age
- Allergic to thimerosal (for FluLaval®Tetra® & Fluzone® Quadrivalent)  
\*\*\*Doses of thimerosal-free Fluzone® Quadrivalent is available for those with an allergy (pre-filled syringe)
- Anyone who has had a serious allergic reaction (anaphylaxis) reaction to a previous dose of the flu vaccine
- Seriously ill, until you are feeling better
- People who have developed Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza vaccination
  - The potential risk of GBS recurrence associated with influenza vaccination must be balanced against the risk of GBS associated with influenza infection itself and the benefits of influenza vaccination.

### **What are the side effects of the influenza vaccine?**

Most people have no reaction to the vaccine. Side effects that last 1-3 days may include:

- Soreness, redness and swelling at the injection site
- Tiredness
- Low grade fever, headache and muscle aches. Extra rest, plenty of fluids and acetaminophen (e.g. Tylenol™) will help ease these symptoms.

Severe side effects and anaphylactic reactions are very rare. Oculorespiratory syndrome (ORS) is an unusual side effect reported in past years, causing red eyes and/or swelling of the face and/or coughing, wheezing or difficult breathing. Guillain-Barré Syndrome (GBS) is a rare condition that can result in weakness and muscle paralysis. It most commonly occurs after influenza infection but in rare cases can occur following influenza vaccination. GBS may be associated with influenza vaccine in about 1 per million recipients.