



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: _____

Date of birth: _____ / ____ / ____ Age: _____

Complete address: number _____ street _____ city _____ province _____ postal code _____

Telephone number: (____) _____

Do you have a chronic medical condition? (i.e. diabetes, severe asthma or a condition affecting your heart, lungs, immune system, and/or kidneys, etc.) (please circle) No Yes If yes, specify: _____

Do you have any allergies? (please circle) 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. I give consent to Ottawa Public Health to administer the influenza vaccine.

Signature: _____ Date: _____

Are you consenting on behalf of someone else? (please circle) No Yes

If yes, Legal Guardian full name: _____ Relationship: _____

Legal Guardian phone number: (____) _____

For Clinic Use Only

I have used two client identifiers and the client has no contraindications to receiving the influenza vaccine based on the review of all screening questions. Initials & Designation: _____

<p><u>Vaccine:</u></p> <p>≥ 6 months of age: FluLaval® Tetra (QIV): _____ Lot Number _____</p> <p>Fluzone® Quadrivalent (QIV): _____ Lot Number _____</p> <p>≥ 2 years of age to ≤ 59 years of age: FluMist® Quadrivalent (LAIV): _____ Lot Number _____</p> <p>≥ 9 years of age: Flucelvax® Quadrivalent (QIV): _____ Lot Number _____</p>	<p><u>Dosage and Route:</u></p> <p><input type="checkbox"/> 0.5 mL Intramuscular</p> <p><input type="checkbox"/> 0.2 mL Intranasal (0.1 mL per nostril)</p> <p><u>Site:</u></p> <p><input type="checkbox"/> Left Deltoid <input type="checkbox"/> Left Thigh</p> <p><input type="checkbox"/> Right Deltoid <input type="checkbox"/> Right Thigh</p> <p><input type="checkbox"/> Nose (Nostrils)</p>
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Date & Time of administration
Signature & Designation

Clinical notes (date and time): _____

_____ Signature & Designation: _____

Influenza facts

Influenza, commonly known as the “flu”, is a serious respiratory illness caused by a virus. It spreads through coughing and sneezing or through direct contact with surfaces contaminated by the virus. While some symptoms may be cold-like, the flu can be 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 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. You need to receive the vaccine every year to be protected against the flu. The 2020/2021 quadrivalent influenza vaccines (QIV) 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. Protection is achieved two weeks after the immunization and may last six months or longer.

The flu vaccine is publicly funded for everyone 6 months of age and older who lives, works or attends school in Ontario. The flu vaccine is safe and recommended during pregnancy and breastfeeding.

The nasal spray vaccine is a live attenuated influenza vaccine (LAIV), meaning the vaccine contains weakened flu virus. This vaccine is administered as an intranasal spray. The intranasal route directly stimulates local mucosal immunity as well as systemic immunity and is available for use in individuals 2 to 59 years of age. Please note that this vaccine contains gelatine hydrolysate (porcine Type A) as a nonmedicinal ingredient.

What are the contraindications to getting the influenza vaccine?

You should not get the influenza vaccine if you are:

- Someone who has had an allergic reaction to thimerosal (FluLaval® Tetra & Fluzone® Quadrivalent) ***Thimerosal-free Fluzone® Quadrivalent (pre-filled syringes) and FluMist® Quadrivalent (nasal spray) are available for those with an allergy;
- Someone who has had a serious allergic reaction (anaphylaxis) to a previous dose of the flu vaccine;
- Seriously ill, until you are feeling better;
- Someone who has developed Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza vaccination.
 - o 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.

You will be referred to a physician if you have:

- Developed Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza vaccination;
- A history of severe Oculo-Respiratory Syndrome involving difficulty breathing or wheezing following receipt of seasonal flu vaccine;
- A bleeding disorder.

In addition to the contraindications for receiving the influenza vaccine, you should not get the nasal spray vaccine if you:

- Have an allergy to gentamicin, gelatin or arginine hydrochloride;
- Are under 2 years of age or over 59 years of age;
- Have a weakened immune system due to an underlying medical condition, therapy or both;
- Have severe asthma (defined as currently on oral or high dose glucocorticosteroids), active wheezing, or medically attended wheezing in the 7 days prior to vaccination;
- Were treated with an influenza antiviral medication in the previous 48 hours. If these medications are used in the 2 weeks following immunization with LAIV, they are likely to kill the vaccine virus and they may not develop immunity;
- Are less than 18 years of age and are on aspirin or aspirin containing therapy (Aspirin or aspirin containing medications should not be used to treat illness, pain, or fever in children, unless otherwise advised by a physician. Consuming Aspirin or aspirin containing medication should be delayed by 4 weeks after receiving FluMist® Quadrivalent vaccine (LAIV) in recipients who are less than 18 years of age);
- Are pregnant.

*Note: Nasal spray vaccine recipients should avoid close contact with people that have a severely weakened immune system (hospitalized and on isolation) for two weeks after receiving the vaccine.

What are the side effects of the influenza vaccine?

Injection vaccine:

Most people have no reaction to the vaccine. The most common side effects for the injection vaccine can last 1-3 days and may include:

- Soreness, redness and swelling at the injection site;
- Tiredness/weakness;
- Low grade fever, headache and muscle aches.

Nasal spray vaccine:

The most common side effects for the nasal spray vaccine include:

- Runny nose and/or nasal congestion;
- Cough;
- Fever;
- Tiredness/weakness;
- Sore throat.

These side effects are generally mild and last only a few days.

Severe reactions including allergic (anaphylactic) reactions are very rare and typically occur within a few minutes to a few hours after receiving the vaccine. Oculorespiratory Syndrome (ORS) may occur in extremely rare cases.