 **Seasonal Influenza Vaccine Consent Form 2024-2025**

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

Health Card #: (domestic students only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (dd/mm/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you received the seasonal flu vaccine in the past? **🞏 No 🞏 Yes🡪date (YYYY/MM/DD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Unsure**
2. Do you have a fever or are you currently feeling unwell? **🞏 No 🞏 Yes🡪describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. Have you experienced an adverse reaction to previous influenza vaccinations? **🞏 No 🞏 Yes🡪describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. If you are taking oral theophylline, oral blood thinners or medications that weaken the immune system or if you are immunocompromised, is your health care provider aware you are receiving the flu vaccine? **🞏 No 🞏 Yes 🞏 Not Applicable**
5. Have you ever had Guillain Barré Syndrome diagnosed 6 weeks after receiving the influenza vaccine?   
   **🞏 No 🞏 Yes🡪Do not receive the vaccine**
6. Do you have an active, unstable neurological condition? **🞏 No 🞏 Yes🡪postpone vaccine until stable**
7. Have you ever had Oculo-Respiratory Syndrome (ORS) (cough, wheeze, difficulty breathing, hoarseness, sore throat and/or facial swelling) within 24 hours after receiving the influenza vaccine?  **🞏 No 🞏 Yes**
8. Do you fit into one of these high risk categories for contracting influenza or transmitting influenza: **🞏 No 🞏 Yes**

* 65 years old or older
* health care worker and other care providers in facilities & community settings.
* provide essential community services (fire, police, ambulance)
* poultry worker
* members of a household expecting a newborn during the influenza season
* household contact/caregiver to an infant less than 6 months old or to anyone at high risk for influenza related complications
* provide regular child care to children who are between 0 to under 59 months of age
* have a chronic condition (cardiac, kidney, blood or pulmonary), a condition that compromises the management of respiratory secretions and are associated with an increased risk of aspiration, a condition that compromises the immune system (e.g. cancer, HIV, diabetes, metabolic diseases), or morbid obesity (body mass index greater or equal to 40)
* resident of a nursing home or chronic care facility
* child or adolescent with a condition treated with acetylsalicylic acid (ASA)
* pregnant
* healthy children 6 to 59 months of age

1. Are you allergic to the following: Neomycin: **🞏 No 🞏 Yes** Formaldehyde:  **🞏 No 🞏 Yes**

Kanamycin: **🞏 No 🞏 Yes** Thimerosal: **🞏 No 🞏 Yes**

Are you feeling ill today? fever? infection? **No 🞏 Yes 🞏🡪describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you ever had a flu shot before? **No 🞏 Yes 🞏🡪describe problems, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you ever had an allergic reaction to a vaccine? **No 🞏 Yes 🞏🡪describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have a blood disorder or are you taking medication that could affect blood clotting? **No 🞏 Yes 🞏🡪describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Did you read the information provided to you?  **No 🞏 Yes 🞏**

I confirm that I have read the information on the influenza vaccine and understand the benefits and possible risks of the vaccine. Any questions I had were answered to my satisfaction. I have been advised to wait 15 minutes following injection to be observed for potential adverse reactions. I am providing consent for myself (the below-named) to be vaccinated against influenza.

**Signature of patient**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine: Lot #

Site: 🞏deltoid 🞏quad 🞏right 🞏left Dose: 0.5 ml Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_­­­­­­­­­­­­­\_\_­­­­­­­­­­­­\_ hrs.

Vaccinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Info. Form Reviewed by Patient 🞏No 🞏Yes

Seasonal Influenza Vaccine Information

**What is influenza?** Influenza (commonly known as “the flu”) is a serious respiratory illness that is caused by a virus. People who get influenza may have a fever, chills, cough, runny eyes, stuffy nose, sore throat, headache, muscle aches, extreme weakness and fatigue. The elderly may not have a fever. Children can also have earaches, nausea, vomiting and diarrhea. People of any age can get influenza. Influenza usually lasts 2 to 7 days and sometimes longer in the elderly and in people with chronic diseases. Most people who get influenza are ill for only a few days. However, the cough and fatigue can persist for several weeks, making the return to full activity difficult. Some people can develop complications and require hospitalization. Influenza spreads by respiratory droplets from infected persons, through coughing or sneezing. It is also spread through direct contact with surfaces contaminated by the influenza virus, such as toys, eating utensils and unwashed hands.

**How well does the seasonal influenza vaccine protect against influenza?** When there is a good match between the influenza strains in the vaccine and the influenza strains circulating in the community, the vaccine can prevent influenza illness in about 60% to 80% of healthy children and adults. Studies have shown that influenza immunization decreases the incidence of pneumonia, hospital admission and death in the elderly. It takes about two weeks after the immunization to develop protection against influenza; protection may last up to one year. People who receive the vaccine can still get influenza, but if they do, it is usually milder. However, the vaccine will not protect against colds and other respiratory illnesses that may be mistaken for influenza but are not caused by the influenza virus.

**Can the vaccine cause influenza?** No. The vaccine does not contain the live virus, so you cannot get the flu from the vaccine.

**Who can get the seasonal influenza vaccine?** Anyone aged 6 months and older who lives, works or attends school in Ontario is eligible to receive the publicly funded vaccine.

**How many doses of the seasonal influenza vaccine are needed?** Because the influenza virus changes often, it is necessary to get an influenza immunization every year. All individuals older than 9 years of age require 1 dose annually. **Children less than 9 years of age may require one or two doses.** If a child less than 9 years of age has received a seasonal flu vaccine (not including the H1N1 pandemic vaccine) in the past, they only require 1 dose of the seasonal vaccine. If they have not received any seasonal flu vaccine in the past, then 2 doses at least 4 weeks apart are recommended.

**Who should not get the seasonal influenza vaccine?** The following persons should **not** get the influenza vaccine:

• Infants under 6 months of age (the current vaccine is not recommended for this age group).

• Anyone who has had a serious allergic reaction (anaphylactic) to a previous dose of vaccine or to any of the vaccine components. However, those with a severe allergy to egg or egg products may be able to get the vaccine at their allergist’s office. Check the allergy list on the back of this page or the product monograph at www.pcchu.ca. Some vaccines contain small quantities of antibiotics or preservatives. A serious allergic reaction usually means that the person develops hives, swelling of the mouth and throat or has trouble breathing and experiences a sudden drop in blood pressure.

• Anyone who had a serious allergic reaction to a previous dose of the influenza vaccine.

• It is not known whether the influenza vaccine causes an increased risk of recurrent Guillain-Barré Syndrome (GBS) in persons who previously had GBS. Anyone who has previously developed GBS within the first 6 to 8 weeks following an influenza immunization should avoid influenza immunization in the future.

**The seasonal influenza vaccine should be temporarily delayed in the following persons:**  Anyone with a moderate to severe acute illness with fever or just started on medication (e.g. antibiotics) should usually wait until the symptoms subside before being immunized. However, people with a minor illness with or without a fever (e.g. a cold) could still get the influenza vaccine. Immunization should generally be **delayed** in individuals with an evolving neurologic disorder, until the disease process has been stabilized.

**What are the risks from seasonal influenza vaccine?** The influenza vaccine is capable of causing side effects, which can be either mild or, occasionally, severe. The risk of the vaccine causing serious harm is extremely small. Most people who get the vaccine have either no side effects or mild side effects such as soreness, redness or swelling at the injection site. Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after receiving the vaccine. If this type of reaction occurs medical attention should be sought immediately.

***Guillain-Barré Syndrome (or GBS):*** GBS is a very uncommon disease that causes muscle paralysis and has been associated with certain infectious diseases. Overall, the risk of GBS occurring in association with immunization is small. In comparison to the small risk of GBS, the risk of illness and death associated with influenza is much greater. According to the National Advisory Committee on Immunization (NACI), 2010; the risk of GBS following influenza vaccination is about one case per 1 million of those who have been vaccinated.

***Oculo-Respiratory Syndrome (ORS):*** During the 2000-2001 influenza season, ORS was reported after the influenza vaccine. Symptoms include red eyes (both) that are not itchy and/or respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness or sore throat) and/or swelling of the face, occurring **within 24 hours** of influenza immunization. Since 2000-2001, fewer cases of ORS have been reported. Persons who experienced ORS symptoms in the past may be safely re-immunized with influenza vaccine except for those who have experienced ORS with severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza immunization. These individuals should seek expert medical advice before being immunized again with influenza vaccine.