

2014 FLU VACCINE CLINIC Sante Kildare 7005, chemin Kildare, Suite 14 Cote St. Luc (Quebec) H4W 1C1 Telephone (514) 397-0777 Telecopier (514) 507-5717	Patient Information HIN: _____ Name: _____ Expiry: _____ DOB: _____ Sex: ____
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“The flu” is a serious disease caused by the influenza virus. It is very contagious and spreads through infected droplets projected into the air or onto the hands when a person who is infected coughs or sneezes. It can cause serious epidemics. People of any age can catch the flu. While most people are sick for only a few days, some get much sicker and may have to be hospitalized because of a complication such as pneumonia. Influenza causes deaths each year, mostly in the elderly.

The influenza vaccine can prevent influenza and its complications.

The viruses that cause influenza change their composition from year to year. As a result, the vaccine is updated yearly to make sure that it offers the best protection. Protection against influenza takes about 2 weeks to develop after the shot and can last several months. While the vaccine protects most people against influenza, it is still possible to catch influenza even if you receive the vaccine although the symptoms are often milder.

The vaccine is not effective against viruses that cause colds.

In most cases, the vaccine does not cause any serious reaction. The viruses contained in the vaccine are killed and split, so **you cannot get influenza from the vaccine**. The most common side effects are soreness, redness or swelling where the shot was given, and slight fever, headache, and muscle aches. These symptoms resolve within 1-2 days. Very serious reactions such as Guillian-Barre Syndrome occur at an estimated rate of 1-2 cases per million persons vaccinated.

All patients need to wait 20 minutes before leaving the clinic in the event of a serious allergic reaction.

1. Please indicate whether you meet any of the following criteria:
 - a. Age 60 or older Yes
 - b. Age 6 months to 23 months Yes
 - c. Serious medical condition:
 - i. Chronic heart disease Yes
 - ii. Lung disease Yes
 - iii. Kidney disease Yes
 - iv. Diabetes or other metabolic disease Yes
 - v. Anemia Yes
 - vi. Seizure disorder or other neurological disorder Yes
 - d. Weakened immune system:
 - i. HIV/AIDS or other disease of the immune system Yes
 - ii. Long-term treatment with steroids Yes
 - iii. Radiation or drug treatment for cancer Yes
 - e. Regular contact with persons with chronic diseases Yes
 - f. Household or workplace contact with young children Yes
2. Are you allergic to eggs? No Yes
3. Have you ever had a reaction to the flu vaccine? No Yes
4. Have you ever had Guillian-Barre Syndrome? No Yes
5. I feel well today No Yes

I have read the above information and consent to receiving the flu vaccine today.

Signature _____ Date: Thursday, October 02, 2014
 Phone # _____ Email address _____

PHYSICIAN _____	FLU VACCINE Lot# _____	Injection Site: _____
/NURSE _____	Expiry _____	Deltoid: <input type="checkbox"/> Left <input type="checkbox"/> Right
	<input type="checkbox"/> Fluviral <input type="checkbox"/> Agriflu	<input type="checkbox"/> Flumist <input type="checkbox"/> Vaxigrip
Exam: H/N <input type="checkbox"/> _____	Contraindications <input type="checkbox"/> No <input type="checkbox"/> Yes	
Chest <input type="checkbox"/> _____	Adverse reaction <input type="checkbox"/> No <input type="checkbox"/> Yes	
CVS <input type="checkbox"/> _____	Post-shot care discussed <input type="checkbox"/> No <input type="checkbox"/> Yes	
Abd <input type="checkbox"/> _____		