QUESTIONNAIRE AND CONSENT FORM INFLUENZA VACCINE

Name : _____

Date of birth : _____ Company : _____

*** The personal information contained in this questionnaire will remain strictly confidential and will not, under any circumstances, be transmitted to your employer. ***

QUESTIONS	YES	NO
1. Have you read the information regarding the risks and benefits of being immunized against influenza?		
2. Do you currently notice a change in your health compared to your usual condition? If yes, specify: _____		
3. Have you had fever in the last 48 hours? If yes, specify Tº : _____		
4. Do you have a coagulation (bleeding) disorder? (or take medication such as Coumadin, Plavix)		
5. Do you have any allergies? (ex : thimerosal, neomycin) If yes, specify : _____		
6. Are you currently taking any medication? If yes, specify : _____		
7. After receiving a vaccine, have you ever had a reaction that is severe enough to see a doctor or fainted after receiving a vaccine? If yes, specify which vaccine : _____ Type of reaction : _____		
8. Do you suffer from immuno deficiency du to an illness or medication currently taken (i.e.: cancer treatment, HIV infection, graft, high doses of steroids)		
9. Do you have or have you had a neurological disorder (Guillain Barré)?		
10. For woman only: Are you pregnant or do you think you may be pregnant? (the vaccine can be given after the 13th week of pregnancy)		

11. If you are a pilot or a flight attendant only: When are you scheduled to fly next : _____
Please note that you must be symptom free at least 48 hours and wait at least 48 hours and following flu vaccine before operating a flight.

I have been advised of the potential risks of this immunization. I confirm that I understand that, as a precautionary measure, I must remain at the vaccination site for at least 15 minutes after receiving the vaccine.

I, undersigned, authorize the Health Care Professionals of MEDISYS and its representatives to proceed with the immunization against influenza.

All of our information-handling practices comply with applicable federal and provincial laws including the Personal Information Protection and electronic documents act.

In accordance with the Public Health Act, all vaccines received must be recorded in the Quebec Immunization Registry and it is not possible to refuse to have vaccines recorded in the registry once they have been administrated.

_____
Candidate's signature

PLEASE BRING THE COMPLETED FORM TO THE VACCINATION CLINIC

☐ Questionnaire Verified ☐ Authorization to give immunization

_____	_____	_____
Nurse's signature	Date	Time
_____	_____	_____
Nursing assistant's signature	Date	Time

Vaccine	Strains	Lot number	Injection site
Influenza 4 strains	• A/Brisbane/02/2018 • A/Kansas/14/2017 • B/Colorado/06/2017 • B/Phuket/3073/2013		☐ Right deltoid ☐ Left deltoid