

# Immunization Screening & Consent Form

(for mass sites only)

For those age 6 months to 17 years

## Personal Information

Last name: \_\_\_\_\_ (Please Print) First name: \_\_\_\_\_ (Please print)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sask. Health Card #: \_\_\_\_\_  
Year/Month/Day

Does the person being immunized have:

1. A history of severe reaction after any immunization?  Yes  No  
2. Any severe allergies to vaccine ingredients, with the exception of eggs?  Yes  No

I have read the information sheet for seasonal influenza. I understand the benefits of this vaccine and I am aware of the possible reactions and side effects. I understand two (2) doses, 4 weeks apart, are recommended for children under 9 years of age who are receiving their very first influenza vaccine. I understand the vaccine information provided and recorded on this document will be entered into Panorama, which is a secure provincial electronic health record system designed to store and record immunization related information.

Signature

Date

Print full name - Parent/Guardian

## Population and Public Health Office Use Only

### Seasonal Influenza Risk Factor (check only one)

	Risk #		Risk #
<input type="checkbox"/> children 6 months – 8 years	22	<input type="checkbox"/> children 9 - 17 years of age	23

## Influenza Vaccine

Date:

\_\_\_\_\_  
YYYY MM DD

Dose: 0.5 mL

Route: IM

Lot #:

\_\_\_\_\_

- FluLaval Tetra®  
 Fluzone®  
 Other

Site:

- RA  
 LA  
 RL  
 LL

Clinic Location

\_\_\_\_\_

PHN First initial, Last name:

\_\_\_\_\_

Panorama Entered: