

Resident Sticker

The Mount

Influenza Immunization

Clinic Registration Form 2022

Date: _____

Area: Community Care Nursing Care Independent Living Other: _____

Part 1: To be completed by Nurse / Pharmacist: *Screening*

Have you received the flu shot in previous years? Yes No

Are you sick or do you have a fever today? Yes No

Do you have any allergies? Yes No

Have you ever had a severe/anaphylactic reaction to the influenza vaccine before? Yes No

Have you ever had Guillain-Barre Syndrome? Yes No

*If yes, was it after an influenza vaccine? Yes No

Part 2: To be completed by resident or Next Of Kin (NOK) *Consent for Influenza Immunization*

I have read or have had the information sheets about the influenza immunization read to me and understand the information about the immunization that will be administered. The nature and anticipated effect of this immunization including the risks and benefits have been explained to me and I am satisfied with these explanations and I understand them. I have had the opportunity to ask questions and have them answered.

Print name (Resident/NOK) _____ Date: _____

Signature: _____ Relationship to resident _____

Part 3: To be completed by Nurse/MD: *Vaccine Administration*

Inactivated-SD (Fluzone) 0.5mL Injection site: IM Deltoid Right Left

Inactivated-HD (Fluzone HD) 0.7mL Injection site: IM Deltoid Right Left

Lot & Manufacturer sticker

Date: _____ Nurse/PhC Administering Vaccine: _____

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