SASKATCHEWAN HEALTH AUTHORITY
Former FHHR

2018 Seasonal Influenza Employee

Consent for Immunization

Last Name: _____ First Name: _____

Birth date: (yyyy/mm/dd)_____ Home Facility of work:_____

Employee #:_____ or ☐ Physician ☐ Student ☐ Volunteer

Note: If your date of birth is between 1952/Jan/01-1953/Mar/31, you may qualify for a pneumococcal vaccine. Please ask the nurse.

Note: The names of immunized employees will be provided in confidence to the employee's department head in order to determine fitness for work and direct workplace and outbreak processes.

To be filled in by Nurse:

Clinic Location: _____ Date: (yyyy/mm/dd) _____

Influenza Vaccine

Fluzone (QIV) Lot #_____ 0.5 ml IM

FluLaval Tetra Lot # _____ 0.5 ml IM

Site:
☐ RA
☐ LA

Nurse's Initials: _____

☐ Entered on Spreadsheet
☐ Entered on iHRIS

Follow Up Required/Nurse Comments: Client phone #_____:

Separate consents for employees, physicians, students; each of these in alphabetical order for scanning
Reviewed: Aug 27, 2018