Five Hills Health Region

**2017 - 2018**

# SEASONAL INFLUENZA CONSENT FOR IMMUNIZATION

## Personal Information

Last Name: _____First Name: _____ Male / Female

Birthdate: _____ Age: _____ SK Health Card# _____

**For Children Under 18 years of Age Parental/Guardian Consent**

**I have read the influenza information sheet and I consent to the Five Hills Health Region administering the influenza vaccine to my child.** I understand that the vaccine information provided and recorded on this document for children less than 18 years of age will be entered in Panorama – a provincial immunization management system. Panorama is a secure, computerized system designed to record and store your immunization information. Your immunization information can be made available to authorized health care providers to assist in the control of the spread of vaccine-preventable diseases.

_____ _____ _____

*Parent/Guardian* *Phone # 1* *Date*

**Public Health Nurse Only**

☐ 6 mo – 17 years
☐ 18 to 64 years
☐ 65 years & older

☐ **FHHR Employee**

**Clinic Location**: _____ **Date:** _____
*yyyy/mm/dd*

**Influenza Vaccine**

| | | | |
|---|---|---|---|
| ☐ Fluzone (**MDV**) | _____ | 0.5 ml IM | **Site:** ☐ RA ☐ LA ☐ RL ☐ LL |
| ☐ FluLaval tetra (**MDV**) | **2ZK7F** | 0.5 ml IM | |
| ☐ Fluzone (**PFS**) | UI828AB | 0.5 ml IM | |

Nurse's Initials: _____
**Panorama entered:** ☐

**Pneumococcal 23**

☐ Pneumococcal 23
(lot #) _____ 0.5 ml IM

**Site:** ☐ RA ☐ LA

Nurse's Initials: _____
**Panorama entered:** ☐
**Physician Notification:** ☐

☐ **Follow Up Required Ph#**