



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.

Parent/Guardian Phone # 1 Date

Public Health Nurse Only

- 6 mo – 17 years
18 to 64 years
65 years & older
Health Care Worker

Clinic Location: \_\_\_\_\_ Date: \_\_\_\_\_
yyyy/mm/dd

Influenza Vaccine

- Fluzone (QIV) \_\_\_\_\_ 0.5 ml IM
FluLaval tetra (QIV) \_\_\_\_\_ 0.5 ml IM

Site:

- RA
LA
RL
LL

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#