Clear Form

Health PEI
One Island Health System

Influenza Immunization Clinic Registration Form 2017/2018

Client Name: _____

DOB: _____ Age: _____

Health Number: _____

Postal Code: _____

Gender: Male ☐ Female ☐

Part 1: To be completed by Admin Support

- □ 6 - 59 months
- □ 65 +
- □ Pregnant Woman
- □ Household Contacts of Pregnant Woman
- □ Self Identifies as an Aboriginal person
- □ Resident of Community Care Facility

Date: _____

Clinic Location: _____

Fact Sheet Given:

Consent Given: (<18 yrs)

Out-of-Province: ($10.00) _____ Out-of-Country: ($40.00) _____

Part 2: To be completed by Nurse: Nurse screening		
If client is a child < 9 years old, is this their first influenza vaccine?	□ Yes	□ No
Are you sick or do you have a fever today?	□ Yes	□ No
Have you ever had an 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 3: To be completed by Nurse: Vaccine administration			
Fluzone 0.5ml	Injection site: IM Deltoid	□ Right	□ Left
	Injection site: IM Anterolateral Thigh	□ Right	□ Left
FluMist 0.2ml	Administration:	□ Intra-nasal	
Fluad 0.5 ml	Injection Site: IM Deltoid	□ Right	□ Left
Lot #: _____	Date: _____		
Nurse Administering Vaccine:	_____ Signature	□ RN	□ LPN

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