

# Health PEI

## Influenza Immunization Clinic Registration Form 2018/2019

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Civic Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
PHN#: \_\_\_\_\_ OOC (\$40): \_\_\_\_\_

### Part 1: To be completed by Nurse: *Nurse Screening*

If client is < 9 years old, is this their first influenza vaccine? 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 Parent/Guardian: *Informed Consent for Children*

I have read or have had the information sheets about the influenza immunization read to me and understand the information about the immunization my child will receive. 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 (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

### Part 3: To be completed by Nurse: *Vaccine Administration*

Fluzone 0.5ml  Injection site: IM Deltoid Right  Left   
IM Anterolateral Thigh Right  Left   
FluMist 0.2ml  Administration: Intra-nasal   
Fluzone-HD 0.5ml  Injection site: IM Deltoid Right  Left   
Lot #: \_\_\_\_\_ Date: \_\_\_\_\_  
Nurse Administering Vaccine: \_\_\_\_\_ RN  LPN

Personal health information on this form is collected for the purposes of the provision of health care. Your information will be collected, used, and disclosed only as permitted by the *Health Information Act, RSPEI 1988, c H-1.41*, and other applicable legislation. For more information on privacy and your personal health information, visit [www.healthpei.ca/yourprivacy](http://www.healthpei.ca/yourprivacy) or contact (902) 368-6157.