



**SEIDEN HEALTH MANAGEMENT INC.**  
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### Consent - Influenza Immunization Clinic

<b>Name:</b>		<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Address (including city and postal code):</b>		<b>Home phone #:</b>	
<b>Clinic Location:</b>		<b>Date of Birth (d/m/y):</b>	
		<b>Age:</b>	

Screening Questions	No	Yes
Are you being treated for an infection today?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an acute illness and/or a fever today?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have bleeding and coagulation disorders or on anticoagulant therapy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a flu shot before?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a reaction to any previous vaccines?	<input type="checkbox"/>	<input type="checkbox"/>
Are you suffering from an active neurological disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an allergy or sensitivity to eggs and/or egg products and/or chicken proteins?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read the information sheet on the risks, benefits, side effects and consequences of not having the influenza immunization?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or suspect you may be?	<input type="checkbox"/>	<input type="checkbox"/>
Are you sensitive or allergic to Thimerosal (a preservative found in many vaccines and some contact lens solutions), Neomycin (antibiotic), Formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution, Triton X -100, Sucrose, and Sodium Deoxycholate	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking theophylline	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of: Guillain-Barre Syndrome or Oculo-Respiratory Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>

I understand the nature and purpose of the vaccination procedure, as well as the risk and potential side effects, which may be associated with the vaccine. I have read and understand the Information on the back of this sheet provided to me. I have had the opportunity to ask additional questions and to discuss both the benefits and potential side effects of the vaccine. I have answered the screening questions to the best of my ability. I hereby request that I be given the Influenza Vaccine approved for use in the 2006/2007 season. I consent to receive this vaccination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For Nurse's Completion Only

\_\_\_\_\_ 0.5 ml IM into \_\_\_\_\_ deltoid      Lot No.: \_\_\_\_\_      Expiry Date: \_\_\_\_\_

Loading Nurse: \_\_\_\_\_      Dosing Nurse: \_\_\_\_\_      Date: \_\_\_\_\_      Time: \_\_\_\_\_

**Risk Category:**     High Risk       General Population

## Important Information for Informed Consent

### Who should **not** get the influenza vaccine?

The following persons should **not** get the influenza vaccine:

- Infants under six months of age (the current vaccine is not recommended for this age group)
- Anyone with a serious allergy (anaphylaxis) to eggs or egg products. A serious allergic reaction usually means that the person develops hives, swelling of the mouth and throat or has trouble breathing after eating eggs or egg products.
- Anyone who has a severe allergy to any component of the vaccine. Your health care provider can tell you which components are in the specific vaccine. Some vaccines contain small quantities of antibiotics or preservatives.
- Anyone who had a serious allergic reaction to a previous dose of the influenza vaccine.
- It is not known whether the influenza vaccine causes an increased risk of recurrent Guillain-Barre Syndrome (GBS) in persons who previously had GBS. Anyone who developed GBS within 8 weeks of a previous influenza immunization should avoid influenza immunization in the future.

The vaccine should be **temporarily delayed** in the following persons:

- Anyone who is ill with a fever should usually wait until the fever goes down before being immunized.
- Immunization should be **delayed** in individuals with active neurologic disorders, but should be considered when the disease process has been stabilized.
- Anyone with an acute respiratory infection or any other active infection (until it subsides).

### What are the risks from influenza vaccine?

The influenza vaccine, like any medicine, is capable of causing side effects, which can be either mild or, occasionally, severe. The risk of the vaccine causing serious harm is extremely small.

Most people who get the vaccine have either no side effects or mild side effects such as soreness, redness or swelling at the injection site. Life-threatening allergic reactions are very rare. If they do not occur, it is within a few minutes to a few hours after receiving the vaccine.

#### *Guillain-Barre Syndrome (or GBS)*

GBS is a very uncommon disease that causes muscle paralysis and has been associated with certain infectious diseases. Overall, the risks of GBS occurring in association with the immunization is small. In comparison to the small risk of GBS, the risk of illness and death associated with influenza is much greater.

#### *Oculo-Respiratory Syndrome (or ORS)*

During the 2000/2001 season, a small number of people who received the vaccine developed a side effect called Oculo-Respiratory Syndrome or ORS. ORS is described as the onset of red eyes and/or respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness or sore throat) and/or swelling of the face, occurring **within 24 hours** of the influenza immunization. Since 2000/2001, fewer cases of ORS have been reported.

Persons who experienced ORS symptoms in the past may be safely re-immunized with the influenza vaccine except for those who have experienced ORS with severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza immunization. These individuals should seek expert advice before being immunized again with the influenza vaccine.

#### **When should I seek medical attention after immunization with the influenza vaccine?**

You should seek medical attention if you believe that you, or someone in your care, has had a reaction to a vaccine.

*Any serious reaction to a vaccine should be reported to your health care provider who will report these occurrences to your local public health unit.*