## 2020-2021 Seasonal Influenza Vaccine Consent Form

Part A:	Name:	Telephone No.:		
Date of Birt	h:	Age:	Family Doctor: (	)Dr. J Ye ()Dr. J Huo
<ul> <li>You have even</li> <li>You have a h</li> <li>You are ill.</li> <li>Possible re</li> <li>Mild: Sorenes</li> <li>Severe: Acute</li> </ul>	s or redness at the site of allergic reaction – high f within in-Barre Syndrome – prog	ion to eggs, formaldehyde, ome (GBS). the shot, fever, body ac fever, confusion, difficult n a few minutes of the s ressive muscle weaknes	gelatin, or to a previous dos thes ty breathing, hives, and ra hot.	apid heartbeat would occur ur a week after the vaccine.
QUESTIONS	YOU MUST ANSWER	2	Circle your Re	sponse
Have you ev Have you ha Are you alle Have you ev Have you ev Consent I have read ar above named	oday? rgic to eggs? ver had a severe reacting ad Guillain-Barre Synd rgic to latex? ver had a severe reacting ver had a severe reaction d understood the fact she person as indicated below d to my satisfaction.	Irome? ion to formaldehyde ion to gelatin? et(s) regarding the vacc	Yes / N Yes / N Yes / N Yes / N Yes / N Yes / N Yes / N	lo lo lo lo lo No no
Patient Sig	nature:	Da	ate:	
Substitute decision maker:				
<ol> <li>Have you</li> <li>Are you exfever)?</li> <li>Have you</li> <li>Have you</li> <li>Have you</li> <li>Canada in th</li> </ol>	e last 14 days?	nada in the last 14 day oms of COVID-19 (e.g. Yes No vith a person showing Yes No vith a person with acu Yes No	ys? Yes No , shortness of breath, o symptoms or tested p te respiratory illness w Patient signa	ositive for COVID-19? who has been outside of
	FluLaval Fluzone(Quad) Administered By:		:65) Dose 0.5cclM Lo time:	cation: R L deltoid

NOTE: You must remain in the clinic area 15 minutes after the needle is given