

INFLUENZA AND PNEUMOCOCCAL VACCINE CONSENT FORM

Clinic Location: _____

Date: _____

yyyy/mmm/dd
A. PERSONAL INFORMATION:

Last Name	Given Names	Date of Birth	Gender
PHIN # (9 digits)	MHSC # (6 digits)	Address	Phone Number

B. HEALTH INFORMATION:

1. Are you well today? If no, describe _____ Yes No
2. Do you have any allergies? Yes No
If yes, describe _____
3. Have you ever had a serious reaction or condition following any vaccine? Yes No
If yes, describe _____
4. Do you have any conditions that require medication or regular visits to your doctor? Yes No
If yes, describe _____

Health Care Worker (check if applicable): *PMH worksite _____ Classification _____

C. CONSENT:

I have read and understood the fact sheet(s) provided. I have had the opportunity to ask questions about the vaccine(s) which were answered to my satisfaction.

Check off which vaccine(s) you are consenting to be administered to the above named person:

-
- Influenza Vaccine
-
- Pneumococcal Vaccine

Please complete ONE of the following two options:

Consent by Client: Signature: _____ Date (yyyy/mmm/dd): _____	Consent by parent or legal decision maker: Printed Name: _____ Signature: _____ Relationship: _____ Date (yyyy/mmm/dd): _____
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D. THE FOLLOWING SECTION IS TO BE COMPLETED BY AN IMMUNIZATION PROVIDER:

-
- Fact Sheet(s) reviewed
-
- Health history reviewed
-
- Questions addressed
-
- Information provided on reporting adverse events

Date y/m/d	Vaccine	Manufacturer	Lot #	Dose	Route	Site	Provider's Signature	Data Entry Initials
	Influenza							
	Pneu-P-23							

Notice: Information about your immunization will be recorded in Panorama and used for surveillance by Manitoba Health to produce immunization records, monitor vaccine uptake and how well vaccines are working, and may also be used for research. All information recorded in Panorama will be protected in accordance with the Protection of Privacy provisions of *The Personal Health Information Act*.

INTERPRETER DECLARATION:

To the best of my knowledge, I accurately interpreted the contents of this form (sight translation, as applicable) AND/OR the related conversation(s) between _____ and _____

Print name of person obtaining consent
Print name of person providing consent

 Interpreter Printed Name

 Interpreter Signature

 Language