

# Pandemic H1N1 Influenza Immunization Information Screening & Consent Form

(Please complete one consent per person)



Saskatchewan  
Ministry of  
Health

## Personal Information

<b>Last Name</b>		<b>First Name</b>	
<b>Sask Health Card Number</b> ____ / ____ / ____		<b>Date of Birth</b> ____ / ____ / ____ YYYY MM DD	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Other</b> _____ <b>Type</b> _____ (RCMP, Alberta, Manitoba)			

## Pandemic H1N1 Influenza Immunization Pre-Screening

Do you/your child have a cough?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you/your child have a fever?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you/your child sick today?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>If you answered "Yes" to the questions above, please notify the greeter or nurse immediately. If your child is sick on the day of immunization at school, please keep him or her at home.</b>	
Do you/your child have a history of a severe reaction or an unusual illness following an influenza vaccine or any other vaccine?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you/your child have any serious allergic reactions (such as trouble breathing, hives, swelling of the throat, mouth, lips or tongue), including any allergy to eggs?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you/your child have a severe allergy (such as trouble breathing, hives, swelling of the throat, mouth, lips or tongue) to any of the components of the vaccine as listed on the H1N1 influenza vaccine fact sheet?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you/your daughter pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Consent for Immunization

I have read the attached pandemic H1N1 influenza vaccine information sheet. I understand the benefits of this vaccine and I am aware of the possible reactions and side effects. Two (2) doses may be recommended for some people.

I understand that the information provided and recorded on this document will be entered in the Saskatchewan Immunization Management System (SIMS). SIMS is a secure computerized system designed to record and store your immunization information. Your immunization information can be made available to authorized health care providers to assist in the control of the spread of vaccine-preventable diseases.

Please check **one** of the boxes below:



- I consent to receive the pandemic H1N1 influenza vaccine, or
- On behalf of this person, I consent to the pandemic H1N1 influenza vaccination
- No, I do not consent to receive to the pandemic H1N1 influenza vaccination

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_  
(yyyy/mm/dd)

**Relationship**  Self  Parent, Guardian or Representative

# For Nursing/Medical Staff Only:

Facility / Clinic Name: \_\_\_\_\_

## Dose 1:

Date	pH1N1 Vaccine	Dose (IM)	Lot Number	Injection Site	Nurse Initials
____/____/____ YYYY MM DD	<input type="checkbox"/> Adjuvanted <input type="checkbox"/> Unadjuvanted	<input type="checkbox"/> 0.5 ml <input type="checkbox"/> 0.25 ml		<input type="checkbox"/> LA <input type="checkbox"/> RA <input type="checkbox"/> LL <input type="checkbox"/> RL	

SIMS Data entry completed  By \_\_\_\_\_

## Dose 2:

Date	pH1N1 Vaccine	Dose (IM)	Lot Number	Injection Site	Nurse Initials
____/____/____ YYYY MM DD	<input type="checkbox"/> Adjuvanted <input type="checkbox"/> Unadjuvanted	<input type="checkbox"/> 0.5 ml <input type="checkbox"/> 0.25 ml		<input type="checkbox"/> LA <input type="checkbox"/> RA <input type="checkbox"/> LL <input type="checkbox"/> RL	

SIMS Data entry completed  By \_\_\_\_\_

Population Sub-Groups (check one only)	Reason Not Immunized (check most appropriate)
<input type="checkbox"/> Health Care Worker	<input type="checkbox"/> Allergy to Previous Vaccine
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Allergy to Vaccine Components
<input type="checkbox"/> Person with chronic health conditions	<input type="checkbox"/> Consent Form Not Returned
	<input type="checkbox"/> History of Anaphylaxis
	<input type="checkbox"/> Medical Contraindication
	<input type="checkbox"/> Philosophical Objection

Notes:

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