

**2020 Flu Shot  
Patient Documentation Form & Flu Shot Information Sheet**



Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Physician/Nurse Practitioner: \_\_\_\_\_  
 Date Form Completed: \_\_\_\_\_

**Note: Complete form less than 24 hours prior to your flu shot appointment**

**COVID-19 SCREENING**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |          |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|----|
| 1. Have you travelled outside of Canada in the past 14 days?                                                                                                                                                                                                                                                                                                                                                                                 | Y | <b>N</b> |    |
| 2. Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE                                                                                                                                                                                                                                                                                                              | Y | <b>N</b> |    |
| 3. Do you have any of the following symptoms?<br><i>Fever, new onset of cough, worsening chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease of loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches (myalgias), nausea/vomiting, diarrhea Abdominal pain, pink eye (conjunctivitis), runny nose or nasal congestion without other known case</i> | Y | <b>N</b> |    |
| 4. If you are 70 years or older, have you experienced any of the following symptoms,<br><i>Delirium, unexplained or increase number of falls, acute functional decline, worsening of chronic conditions</i>                                                                                                                                                                                                                                  | Y | <b>N</b> | NA |

**If you answer Y to any of these questions, please cancel your flu shot appt and go to the nearest COVID-19 Assessment Center for testing.**

**FLU SHOT SCREENING**

- |                                                                                                                                  |          |   |    |
|----------------------------------------------------------------------------------------------------------------------------------|----------|---|----|
| 1. I give consent to receive the flu vaccine                                                                                     | <b>Y</b> | N |    |
| 2. I have read the 'Flu Shot Information Sheet' (next page) and understand the benefits & possible side effects from the vaccine | <b>Y</b> | N |    |
| 3. I feel well; I have no acute illness or fever                                                                                 | <b>Y</b> | N |    |
| 4. I confirm I do not have any known allergies to the flu shot or its components                                                 | <b>Y</b> | N |    |
| 5. I have had the flu shot before with no adverse reactions                                                                      | <b>Y</b> | N |    |
| 6. I am >65 and I am requesting the high dose flu vaccine                                                                        | <b>Y</b> | N | NA |

## 2020 Flu Shot

### Patient Documentation Form & Flu Shot Information Sheet

#### Influenza Vaccine Information Sheet

##### 1. What is influenza?

- Influenza, commonly known as “the flu”, is a serious, acute, respiratory viral illness
- It typically presents with sudden onset of fever, cough, muscle aches. Other common symptoms: headache, chills, loss of appetite, fatigue, sore throat. Nausea, vomiting & diarrhea can also occur, especially in children.
- Illness due to influenza usually lasts 7-10 days. Young children, pregnant women, older adults and those with chronic health conditions can develop severe complications or worsening of their underlying condition.
- Influenza spreads through droplets from infected persons, such as from coughing or sneezing. It also spreads indirectly through contact with surfaces contaminated by the influenza virus (e.g. toys, doorknobs, hands).

##### 2. What is the flu vaccine?

- It is a vaccine to help protect against influenza virus. It contains 3-4 strains of inactivated influenza virus recommended for North America by the World Health Organization.
- A high-dose version of the flu vaccine is recommended for all adults 65 years and older as it is more effective
- The injectable nose spray is *not* available for children this season

##### 3. What are the benefits of the flu vaccine?

- Influenza immunization decreases the number of office visits, hospital admissions and deaths
- Even if you are not at high risk of complications from influenza, by getting the influenza vaccine you will help lower the chances of spreading influenza to children and adults with weakened immune systems
- Protection against influenza develops approx. 2 weeks after immunization; protection may last up to 1 year
- People who receive the vaccine can still get influenza, but if they do, it is usually milder

##### 4. Who should NOT get the vaccine?

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

- Infants under 6 months of age
- Anyone who had a serious allergic reaction to a previous dose of the influenza vaccine or any of the vaccine components (**with the exception of egg**)
- Anyone who previously developed Guillain-Barré Syndrome within 6 weeks of influenza immunization  
\*The influenza vaccine should be temporarily delayed in anyone with a severe acute illness. *People with a minor illness with or without a fever (e.g. a cold) can get the influenza vaccine.*

##### 5. What are the risks from the vaccine?

- The risk of the vaccine causing serious harm is extremely low
- Most people who get the vaccine have either no side effects or mild side effects
- Common side effects: arm soreness/redness/swelling at the injection site, malaise and muscle aches. The **high-dose version** (for ages 65 and older) may also cause fever up to 3 days after the injection.
- Life-threatening anaphylactic reactions are very rare. If they do occur, it is within a few minutes to a few hours after receiving the vaccine. If this type of reaction occurs, **seek medical attention immediately.**
- We ask that you remain in the waiting room for 15 minutes after the injection for observation
- Please notify your health care provider of **all** allergies, whether related to the influenza vaccine or not

**Please advise the health care provider if you have any of the above listed conditions that would prevent you from getting the vaccine or if you have any questions or concerns.**

Adapted from: Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2020-2021

Revised: September 24, 2020