

# MANOTICK FAMILY HEALTH ORGANIZATION FLU IMMUNIZATION CLINIC

## CLIENT INFORMATION (Please print clearly)

NAME OF FAMILY PHYSICIAN: \_\_\_\_\_  
HEALTH CARD NO.: \_\_\_\_\_ VERSION CODE: \_\_\_\_\_  
ISSUE DATE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

SURNAME: \_\_\_\_\_ SEX: MALE \_\_\_ FEMALE \_\_\_  
(exactly as it appears on the Health Card)

FIRST NAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

ADDRESS: (Street) \_\_\_\_\_  
(Apt. #/Box #) \_\_\_\_\_  
(City/Town) \_\_\_\_\_  
(Postal Code) \_\_\_\_\_

ALLERGIES: NO \_\_\_ YES \_\_\_  
If Yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS "FLU SHOT": NO \_\_\_ YES \_\_\_  
Any previous side effects? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE READ INFORMATION ON BACK OF THIS CONSENT FORM.

I have read the information about the flu vaccine. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks associated with this vaccine. I give consent to the Manotick Medical Centre to administer the flu vaccine.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_

NOTE: Parent's or legal guardian's signature required if child is 13 years of age or under. Also, children 13 years of age and under must be accompanied by their parent or legal guardian.

FOR OFFICE USE ONLY:

LOT # \_\_\_\_\_ BATCH \_\_\_\_\_  
\_\_\_\_\_

## **WHO SHOULD NOT GET THE FLU VACCINE?**

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

- Infants under 6 months of age;
- Anyone with a serious allergy to eggs or egg products;
- Anyone allergic to thimerosal or formaldehyde;
- Anyone who has had a serious allergic reaction to a dose of influenza vaccine;
- Anyone who is ill and has a fever should not receive the vaccine until they are feeling better.

**In addition to the above, the following persons will not be given the flu vaccine and are referred to their family physician:**

- Anyone with a history of Guillain-Barre Syndrome.
- Anyone with a history of Oculo-Respiratory Syndrome.
- Anyone with a changing neurological condition.

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**NOTE: Persons allergic to neomycin should not receive VAXIGRIP Brand vaccine.**