



Consent for Seasonal Flu Shot (2020-2021 Season)

Please fill in the following information:

Last name: _____ First name: _____

Birthday: *year / month / day* Age: _____ Male Female Other

Phone #: _____

I, the undersigned client, parent or guardian have read or had explained to me information about the flu shot as outlined on the Seasonal Flu Fact Sheet. I have had the chance to ask questions, and answers were given to my satisfaction. I understand the risks and benefits of receiving the flu shot. I agree to wait in the clinic for at least **15 minutes** (or time recommended by the nurse) after getting the flu shot. I ask to have myself get the flu shot.

Signature: _____ Date: _____

Collection of Personal Information

The personal health information on this form is collected under the *Personal Health Information Protection Act, 2004*. The city of Hamilton Public Health Services (PHS) will use the information you provide for purposes permitted or required by law like to help treat and care for you and to plan, administer and evaluate PHS programs and services.

If you have any questions about the collection or use of your information or if you would like to withdraw your consent, please contact PHS Vaccine Program by phone at (905) 546-2424 ext. 7556 or by mail at 110 King St. W, 2nd Floor, Hamilton, Ontario, L8N 4S6.

For Office Use Only

Screening questions reviewed (print Paramedic name): _____

Based on screening questions client is: Eligible Ineligible Refused

Vaccine Information

The following vaccine was administered as per the CPER Influenza Vaccination Medical Directive (PCP and ACP) 2018-2019 Season, dated November 2018 as per Dr. Welsford.

Date	Time	Agent	Lot #	Dose	Route	Site	Signature
					IM	<input type="checkbox"/> Deltoid <input type="checkbox"/> Right <input type="checkbox"/> Left	

Paramedic's Notes:



Hamilton



This is certify that _____

has received their 2020/2021 Influenza Vaccine on _____

- Fluzone Quadrivalent (QIV) Fluzone Trivalent High Dose (TIV)

Paramedic Signature