



# Richmond Village Pharmacy

6146 Perth Street, Richmond

613-838-5352

## Screening Questionnaire For Inactivated Influenza Vaccine 2020-2021

Patient full name:			Address:		
Email:			Phone:		
Male:	Female:	Date of birth:	Weight (children)kg	Health Card Number	
Emergency contact:			Contact's phone:	Relationship to patient:	

The following questions will help us determine if there is any reason that you or your child should not get the vaccine today. If you answer "yes" to any question it does not necessarily mean the shot cannot be given. It simply means additional questions may be asked. If a question is unclear please ask our pharmacist to explain it.

### Please answer the following questions

Are you sick today? (fever greater than 39.5C, cough, breathing problems, active infection or other symptoms related to COVID)	Yes	No	Unsure	
Are you allergic to any medications or vaccines?	Yes	No	Unsure	
Have you ever had a severe, life-threatening reaction to a past vaccination?	Yes	No	Unsure	
Are you allergic to any part of the flu shot? (eggs, chicken protein, thimerosal)	Yes	No	Unsure	
Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a flu shot?	Yes	No	Unsure	
Do you have any severe allergy to latex or rubber?	Yes	No	Unsure	
Have you had Guillain-Barré syndrome within 6 weeks of getting a flu shot?	Yes	No	Unsure	
Do you have new or changing neurological disorder?	Yes	No	Unsure	
Do you have bleeding problems or take a blood thinner?	Yes	No	Unsure	
Do you have medical condition that can weaken your immune system? (e.g. leukemia, lymphoma, AIDS/HIV)	Yes	No	Unsure	
Are you taking medications that can weaken your immune system within past 3 months?	Yes	No	Unsure	
Have you received any other vaccines within the past 4 weeks?	Yes	No	Unsure	
Are you or do you think you might be pregnant?	N/A	Yes	No	Unsure

### Consent given by patient (guardian for children)

I understand the risks and benefits of receiving the flu shot. I agree to wait in the pharmacy for 15 minutes (or time recommended by the pharmacist) after getting the flu shot. I am aware that it is possible (but rare) to have an extreme allergic reaction to any component of the vaccine. Some serious reactions can be life-threatening and is a medical emergency. If I experience such a reaction following vaccination I am aware it may require the administration of epinephrine and diphenhydramine to treat this reaction and that 911 will be called to provide further assistance. The symptoms of an anaphylactic reaction include hives, difficulty breathing, swelling of the tongue and/or lips. In the event of anaphylaxis I (or my agent) will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to EMS paramedics.

I confirm I want to receive the flu vaccine  OR I confirm that I want my child to receive the flu vaccine

Patient/Agent & Relationship:	Patient/Agent signature	Date
George O'Donnell 090956 <input type="checkbox"/> Georgeta Botekhan 604423 <input type="checkbox"/> Valeria Mindich 621956 <input type="checkbox"/>	Signature:	Date:

## Pharmacist use only

### Influenza vaccine

DIN

Flulaval (QIV) multidose (5+ yrs)	2420783 <input type="checkbox"/>	Notes:
Fluzone (QIV) multidose (5+ yrs)	2432730 <input type="checkbox"/>	
Fluzone High-Dose (TIV) Pre-filled syringes (65+ yrs)	2420643 <input type="checkbox"/>	
Flucelvax QUAD pre-filled syringes (9+ yrs)	2494248 <input type="checkbox"/>	
Nasal vaccine		
Vaccine lot #:	Expiry:	
Date of immunization:		
Time of immunization:		
Dose: 0.5ml	Route: IM	
Pharmacist: George O'Donnell 090956		
Pharmacist: Georgeta Botehkan 604423		
Pharmacist: Valeria Mindich 621956		
Pharmacy student: Vanessa Nzeribe		
Pharmacist signature:	Patient requires proof of vaccination by email <input type="checkbox"/>	

### Epinephrine emergency treatment

Epipen	DIN 00509558
Use the PIN 09857423 for epipen claims for adverse events within the UIIP	
Epipen Junior	DIN 00578657
Use the PIN 09857424 for all Epipen Junior claims for adverse events within the UIIP	
Number of doses administered:	
Date of administration	
Time(s) of administration:	
Pharmacist: George O'Donnell <input type="checkbox"/>	
Pharmacist: Georgeta Botehkan <input type="checkbox"/>	
Pharmacist: Valeria Mindich <input type="checkbox"/>	
Pharmacist signature:	