VACCINATION CONSENT FORM 2024-2025

Name:	**Phone #:**
Health Card #:	**Date of Birth:**
Address:	
Emergency Contact:	**Phone #:**

Which vaccine(s) did you want to receive today?

- ☐ Influenza (Flu)
- ☐ COVID-19

Please answer the following questions:	**YES**	**NO**
Are you feeling sick today? *(i.e. fever, cold, infection)*		
Have you been vaccinated for COVID-19 or tested positive for COVID-19 in the last 6 months?		
Have you received the influenza vaccine in a previous year?		
Do you have any allergies? *(check all that apply)* ☐ Egg/egg protein/chicken ☐ Gelatin ☐ Kanamycin ☐ Latex ☐ Neomycin ☐ Polysorbate 80 or PEG ☐ Thimerosal ☐ Other (please specify):		
Have you had a severe, life-threatening allergic reaction to a past vaccine?		
Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine?		
Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine?		
Do you have a new or changing neurological disorder?		
Do you have bleeding problems or use blood thinners? *(e.g. warfarin, aspirin)*		

Informed Consent

- I agree to remain at the location for 15 minutes or for the duration specified/directed by the Pharmacist.
- I understand that there are possible adverse effects associated with administration of vaccines.
- I understand that I may, at any time before, during or after the injection, ask the Pharmacist further questions.
- In the event of an emergency, I authorize the Pharmacist to administer epinephrine and/or perform any necessary lifesaving procedures until medical support arrives.
- I understand that the Pharmacist will comply with all professional standards for administering injections. I acknowledge that the pharmacist has discussed the risks and benefits of receiving this injection with me and has answered my questions.

Patient Signature (or Guardian): _____ **Date:** _____

Guardian Name and Relationship, if applicable: _____

Pharmacist's Declaration: I confirm the above named patient/agent is capable of providing consent, and if written consent cannot be obtained, the patient/agent has provided verbal consent for the administration of the vaccine(s) to the patient. Based on my professional judgment, the vaccine(s) should be administered to the patient.

Pharmacist's Signature and OCP #: _____ **Date:** _____

Administration (Pharmacy Use Only):

<table>
<tr><td colspan="5">Patient Name:</td></tr>
<tr><td colspan="3">INFLUENZA VACCINE</td><td colspan="2">COVID-19 VACCINE</td></tr>
<tr><td colspan="3">☐ FLULAVAL TETRA – DIN 02420783 – QIV
15 mcg/0.5 mL – 5 mL multidose vial (age 2 or older)</td><td colspan="2" rowspan="2">☐ MODERNA SPIKEVAX Omicron KP.2 – DIN 02541270
0.25 mL/25 MCG – 2.5 mL multidose vial
(age 6 months to 11 years)</td></tr>
<tr><td colspan="3">☐ FLUZONE QUADRIVALENT – DIN 02432730 – QIV
15 mcg/0.5 mL – 5 mL multidose vial (age 2 or older)</td></tr>
<tr><td colspan="3">☐ FLUZONE QUADRIVALENT – DIN 02420643 – QIV
15 mcg/0.5 mL – 0.5 mL single dose syringe (age 2 or older)</td><td colspan="2" rowspan="2">☐ MODERNA SPIKEVAX Omicron KP.2 – DIN 02541270
0.5 mL/50 MCG – 2.5 mL multidose vial
(age 12 or older)</td></tr>
<tr><td colspan="3">☐ FLUCELVAX QUAD – DIN 02494248 – QIV
15 mcg/0.5 mL – 0.5 mL single dose syringe (age 2 or older)</td></tr>
<tr><td colspan="3">☐ FLUZONE HIGH-DOSE QUADRIVALENT – DIN 02500523 – QIV
60 mcg/0.7 mL – 0.7 mL single dose syringe (age 65 or older)</td><td colspan="2" rowspan="2">☐ PFIZER COMIRNATY Omicron KP.2 – DIN 02541823
0.3 mL/30 MCG – 1.8 mL multidose vial
(age 12 years or older)</td></tr>
<tr><td colspan="3">☐ FLUAD – DIN 02362384 – TIV + adjuvant
15 mcg/0.5 mL – 0.5 mL single dose syringe (age 65 or older)</td></tr>
<tr><td colspan="2">Lot #:</td><td>Exp:</td><td>Lot #:</td><td>Exp:</td></tr>
<tr><td>Dose:
mL</td><td>Route:
IM</td><td>Site of Administration:
☐ Right
☐ Left_____</td><td>Dose:
mL</td><td>Route:
IM</td><td>Site of Administration:
☐ Right
☐ Left_____</td></tr>
<tr><td colspan="3">Date:</td><td colspan="2">Time:</td></tr>
<tr><td colspan="3">Pharmacist's Name and OCP #:</td><td colspan="2">Pharmacist's Signature:</td></tr>
<tr><td colspan="5">Notes:</td></tr>
</table>

Affix label(s) here