	First Name		
Date of Birth (YY/MM/DD)	Age		
Postal Code	Phone		
Check Yes or No to the following questions:		YES	NO
Are you feeling ill today?			
Have you ever had a reaction after receiving a Barre Syndrome, or Oculo-Respiratory Syndro	a flu vaccine including a severe allergic reaction (anaphylaxis), Guillainome?		
Do you have any allergies?			
I have read or had explained to me the inform Any questions have been answered to my sa	tisfaction.		
Any questions have been answered to my sa	tisfaction.		
Any questions have been answered to my sa X Client Signature NURSE USE ONLY	Date		
Any questions have been answered to my sa X Client Signature NURSE USE ONLY	itisfaction.		
Any questions have been answered to my sa X Client Signature NURSE USE ONLY Verbal Consent Obtained from: Client Client	Date □ Parent/Legal Guardian Name: tion about the vaccine, benefits, side effects and risk of immunization.		
Any questions have been answered to my sa X Client Signature NURSE USE ONLY Verbal Consent Obtained from: The client has been explained the informat	Date □ Parent/Legal Guardian Name: tion about the vaccine, benefits, side effects and risk of immunization.		
Any questions have been answered to my sa X Client Signature NURSE USE ONLY Verbal Consent Obtained from: Client The client has been explained the informat Any questions have been answered to their	Date □ Parent/Legal Guardian Name: tion about the vaccine, benefits, side effects and risk of immunization. ir satisfaction.		
Any questions have been answered to my sa X Client Signature NURSE USE ONLY Verbal Consent Obtained from: Client The client has been explained the informat Any questions have been answered to their Fluzone Quad 0.5 mL IM (6 months +)	Date Date Parent/Legal Guardian Name: tion about the vaccine, benefits, side effects and risk of immunization. ir satisfaction. Lot # Exp		
Any questions have been answered to my sa X Client Signature NURSE USE ONLY Verbal Consent Obtained from: Client The client has been explained the informat Any questions have been answered to their Fluzone Quad 0.5 mL IM (6 months +) Fluad 0.5mL (65 yrs and up)	Date Date Parent/Legal Guardian Name: tion about the vaccine, benefits, side effects and risk of immunization. ir satisfaction. Lot #ExpExpExpExpExpExpExpExpExpExpExpExpExp		

R.S.O. 1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004. This information will be used to main tain an immunization record. For questions regarding the collection of your personal information, please contact the Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625 5900.



2023 IMT-600 Flu Consent English