



Powered By **CAN**Immunize

- A high-dose flu vaccine is available for people who are 65 and older
- The regular influenza vaccine will be offered for all other individuals 6 months of age and older.
- *The first year that a child younger than 9 years of age receives influenza vaccine, two doses at least 4 weeks apart are required. If a child less than 9 years of age has received at least one dose of any influenza vaccine in the past, only one dose is required this season.

Nova Scotia Health Card Number: _____

First Name: _____ Last Name: _____

Date of Birth: _____ / _____ / _____ Gender: _____
Month / Day / Year Male / Female / Gender X / undifferentiated / unknown

Phone #: _____ Email: _____

Address: _____

Are you **consenting** for yourself? YES _____ NO _____
If no: Name of Guardian: _____ Relationship to Patient: _____

Health Status

Information collected in this online form is used to determine eligibility to receive the vaccine. By filling out this form, you acknowledge and consent to the collection and use of information for this purpose.

	YES	NO	N/A
Does the person who will be receiving vaccine feel unwell or have any of the following symptoms that are new, worsening within the last 48 hours and not related to other known causes or conditions they already have: cough, fever, shortness of breath, sore throat, headache, runny nose, congestion			
Will this be the first time this person has ever received an influenza vaccine ?			
Has the person receiving the vaccine ever... Fainted following a previous vaccination?			
Has the person receiving the vaccine ever... Had a serious reaction to any previous injection or vaccine(s)? <i>The person receiving the vaccine may be vaccinated, but will be observed for 30 minutes after getting the vaccination</i>			
Has the person receiving the vaccine ever... Developed Guillain-Barre Syndrome within 6 weeks of receiving an influenza vaccine?			
Does the person receiving the vaccine... Have an allergy to any of the following? Please check all that apply: <input type="checkbox"/> Latex <input type="checkbox"/> Thimerosa <input type="checkbox"/> Formaldehyde <input type="checkbox"/> Triton®X100 <input type="checkbox"/> Neomycin <input type="checkbox"/> Kanamycin <input type="checkbox"/> Gentamycin <input type="checkbox"/> Polysorbate 80 <input type="checkbox"/> CTAB Cetyltrimethylammonium Bromide <input type="checkbox"/> Sodium Deoxycholate <input type="checkbox"/> Sucrose			
Have any allergies to any other medications, foods or products? List: _____			
Have a bleeding condition or use any blood thinners (ex. Warfarin, low or high dose aspirin)? List: _____			
Is or could be pregnant? <i>NACI recommends pregnant persons receive the influenza vaccine</i>			
Ever had a mastectomy with lymph node removal? List which side if yes: _____			