COMPLETE CARE PHARMACY

12418 – 118 Avenue
Edmonton, AB T5L 2K4

P: 780-758-9949
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Influenza Injection Informed Consent Form

Date: _____ Alberta Healthcare #: _____

Name: _____ Address: _____

City: _____ Province: _____ Home #: _____ Cell #: _____

Birthdate: _____ Age: _____ Weight: _____

Emergency Contact Name: _____

Emergency Contact's related to Patient: _____ Contact's Phone Number: _____

	Yes	No	If yes, please describe below:
Have you been vaccinated against influenza before?			
Have you received any vaccinations in the last 4-6 weeks?			
Are you sick today? (fever, cold, infection)			
Do you have any allergies? (latex, egg, gelatin, antibiotics)			
Are you on any medications (prescription or OTC)?			
Do you have any medical conditions?			
Do you have any respiratory conditions such as asthma? (if yes, what medication or treatment have you had in the last 7 days?)			
Do you have any conditions (eg. cancer, AIDS, hepatitis, etc.) or medications which may affect your immune system?			
Do you have a bleeding disorder or take blood thinners?			
Have you ever had a serious reaction to a vaccine? (allergic reaction, fainting, anxiety, Guillain-Barre syndrome (GBS))			
Are you a Healthcare Worker?			
If female:			
Are you pregnant or planning to get pregnant within the next month?			
Are you breastfeeding?			

Please check off:

- ☐ I understand that on the date indicated above, the pharmacist will be administering the drug named below at the dose indicated below
- ☐ I understand that the pharmacist has been trained and is registered to administer injections by the Alberta College of Pharmacists. I understand that the pharmacist is aware of and agrees to comply with all professional standards surrounding administering of injections as well as general pharmacy practice. The pharmacist maintains current certification in cardiopulmonary resuscitation (CPR) and basic first aid
- ☐ I understand and agree to remain at this location for 15-30 minutes after the injection as directed by the pharmacist
- ☐ The pharmacist has provided me information pertaining to the drug being administered as well as the injection procedure so that I understand the expected outcome/reaction as well as the possible side effects. I understand that I may ask the pharmacist further questions at any time before, during, or after the injection
- ☐ In the event of an emergency, I authorize the pharmacist to administer epinephrine and/or apply necessary lifesaving procedures as an interim measure until medical support personnel arrive. In case of emergency, please contact the person I have named above
- ☐ I have read and understood the above information

Print Name: _____ Signature: _____ (Parent or Guardian if a minor)

Drug: _____ Dose: _____ Lot: _____ Expiry: _____

ARM Leg L R IM SC Pharmacist: _____ Time Injected: _____