## Seasonal Influenza and Pneumococcal Vaccine Consent Form

Influenza

Dose 2

Pneumococcal (Pneu-P-23)



Region				Date							
SECTIONS A,	B, C AND	D COMPLE	TED BY:								
☐ Client ☐ Parent ☐ Legal decision maker					☐ Other			(	(on behalf of client)		
A. Client Inform	ation - plea	ase print									
Surname					Given N	ames					
Address				City/T	own			Postal Cod	le		
Home Phone Date of Birth (yyyy/mm/dd						_/	/	Gender	Male □	/ Female $\square$	
Manitoba Health	Number (6	digits)		Personal I	Health Info	rmation N	Number (	9 digits)			
B. Health Histor	ry of Client										
1. Are you well t	oday?									Yes □ No	
If no, describe	e										
2. Do you have										Yes □ No	
3. Have you ever had a serious reaction or condition following any vaccine?  If yes, describe										Yes □ No	
4. Do you have a									П	Yes □ No	
	•	•	, rogular violes c							.00 = 110	
5. Are you taking	any medic	ation that affe	cts blood clottin	g?						Yes □ No	
C. Reason for Ir	nmunizatio	<b>n</b> – Please ch	eck the first rea	son that anni	ies (Checl	ONE bo	x only)				
Health care				3. □ Contact	•			o known risk			
Health care wo	orkers only	-	ur primary work acility / office na	_	_			☐ Community		cute	
Seasonal In Name Relationship Phone number Date	ne above na nfluenza Va er tion about y	egal decision amed person r accine Pr	eceiving: neumococcal Va	orded in the	2. Cons I cons Date Signa  Manitoba nitor vaccin	sent by cl sent to re- asonal In- ature	lient ceiving: fluenza \( \cdot \)	v well vaccines a	(MIMS) a	nd used for g, and may	
The Personal He	ealth Inform	ation Act.									
THE FOLLOW	ING SECT	IION IO BE	COMPLETE	BYIMMUI	NIZATIO	N PKUV	IDEK				
The following five  1. □ Fact sheet( 2. □ Health histe 3. □ Expected b 4. □ Information 5. □ Concerns a □ Check this box  Note: Manitoba	(s) provided ory complet penefits and provided al and question x if verbal co	ed and review material risks bout reporting ns addressed onsent has be	ed of vaccine prov vaccine side efform	vided ects (Reportal m client becal	ole side ef	fects purs	uant to se	ection 57(2) of th		Health Act)	
		1 2 2 2 2 2 2		1			1			ı	
Vaccine		Date Y/M/D	Lot #	Manufactur	er Dose	Route	Site	Immunization Provider's Sig		MIMS Entry	
Seasonal	Dose 1										