

RECORD OF INFLUENZA (FLU) IMMUNIZATION

white copy → immunizer; yellow copy → staff

				<input type="checkbox"/> VCH <input type="checkbox"/> PHSa <input type="checkbox"/> PHC <input type="checkbox"/> FHA
Last Name	First Name	Birth Date (dd/mm/yyyy)	Employee ID#	Employer/Health Authority

QUESTIONS TO BE ANSWERED BEFORE RECEIVING THE INFLUENZA VACCINE

1. Is this the first time you have received the flu vaccine? Yes No
2. Do you presently have a fever or a serious illness? Yes No
3. Have you ever had an anaphylactic reaction to a previous dose of any type of influenza vaccine or to any vaccine components (hives, swelling of the mouth or throat, difficulty breathing, hypotension, shock)? Yes No

NON-EMPLOYEES/CONTRACT STAFF

- Physician (contracted)
 Volunteer
 Student
 Other: _____
 Organization: _____

CONSENT

I have read the BC Health File and understand the information. I consent to receiving the vaccine.

Employee Signature	Today's Date (dd/mm/yyyy)	Worksite/Hospital	Department
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OFFICE USE ONLY

Lot #	Vaccine <input type="checkbox"/> Afluria <input type="checkbox"/> Flumist <input type="checkbox"/> FluLaval <input type="checkbox"/> Fluzone Quad <input type="checkbox"/> Other _____	Deltoid <input type="checkbox"/> L <input type="checkbox"/> R	Immunizer Signature	Clinic Location
		<input type="checkbox"/> Intranasal		

Please keep this record in a safe place. Report all serious or unexpected reactions to **People Safety at 604 875-4385** or email SafetyandPreventionFSN@vch.ca

You **MUST SELF-REPORT** this vaccine:

Staff and Medical Residents: <https://influenzareporting.org>

Contracted Medical Staff: medicalstaffhealth@vch.ca or call 604 875-4111 ext. 69597

Other Staff/Volunteers (e.g. Environmental Services, Sodexo, contractors) must report to their managers as per established processes.



VCH.0751 | SEP.2021

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