

## MISSION COMMUNITY DRIVE-THRU FLU SHOT CLINIC

Screening Questions Negative (Clinicia	an to complete)		
Today's Date:			
There are individuals who should not get ☐ I had a life-threatening reaction to a property of the property of	revious dose of influenza vaccine mmunized) ne after a previous flu shot GBS) within 8 weeks of getting a	e, or any part of the vaccine ny influenza vaccine without	
It is important to stay in the clinic for 15 r rare possibility, less than 1 in a million, of include hives, difficulty breathing, or swe your health care provider is prepared to t epinephrine (adrenaline) and transfer by develop after you leave the clinic, call 9-1	a life-threatening allergic reactions allergic reaction of the throat, tongue or lips treat it. Emergency treatment incommodulance to the nearest emergency numbers or the local emergency numbers.	on called anaphylaxis. This ma s. Should this reaction occur, ludes administration of gency department. If symptor er.	ay
☐ I consent to the 2020 Influenza Vaccin vaccination, had the opportunity to ask of		9	
Full Name:			
Date of Birth:			
Personal Health Number:			
Family Doctor:			
Signature:			
Legal Guardian (if applicable):			
Home Community: ☐ Mission	□ Other:		
(Clinician to complete below portion)			
☐ Flulaval Tetra ☐ Fluviral	☐ Agriflu	☐ Fluad	