COVID-19, Influenza, and Pneumococcal Immunization Consent Form

Clear All

Region ______________ Clinic Location ______________ Date ______________

SECTIONS A, B, C, D AND E COMPLETED BY:

Client   Parent/Guardian   Legal or appointed decision maker

A. Client Information - please print

Last Name(s) ______________ First Name(s) ______________

Preferred Name(s) ______________

Address ______________ City/Town ______________ Postal Code ______________

Phone Number ______________ Date of Birth (yyyy/mm/dd) ______ / ______ / ______ Gender Male Female X

Manitoba Health Number (6 digits) ______________ Personal Health Information Number (9 digits) ______________

B. Health History of Client

1. Are you well today? Yes No
   If no, describe ______________
2. Do you have any known or suspected allergies? Yes No
   If yes, describe ______________
3. Have you ever had a serious reaction or condition following any vaccine? Yes No
   If yes, describe ______________
4. Do you have any health conditions that require regular visits to a doctor? Yes No
   If yes, describe ______________
5. Are you taking any medication that affects blood clotting? Yes No
   If yes, please list ______________
6. Is your immune system suppressed due to an autoimmune condition (i.e. Rheumatoid Arthritis, Multiple Sclerosis) or disease (i.e. Leukemia) or treatment (i.e. high-dose steroids)? Yes No
   If yes, please describe ______________
7. Have you received a dose of a COVID-19 vaccine in the past 6 months? Yes No
8. Have you had a confirmed COVID-19 infection in the last 6 months? Yes No
   If yes, when? ______________

C. Reason for Immunization – Please check the first reason that applies (Check ONE box only)

1. Health care worker 2. High risk 3. Contact of high risk 4. No known risk

Health care workers only • indicate your primary work setting: Long-term care / PCH Community Acute care

• print your facility / office name ______________

D. Informed Consent – Consult immunization provider if no signature can be obtained

Fact sheets regarding the benefits and risks of the vaccine(s) are available at: ***www.manitoba.ca/health/publichealth/cdc/div/vaccines.html***

I have read and understood the information regarding the risks and benefits of the vaccine(s) that I am consenting to, including potential common side effects of the vaccine(s). I have had the opportunity to ask questions about the vaccine(s) which were answered to my satisfaction.

Complete ONLY ONE of the following two options:

1. Consent by parent/guardian or legal or appointed decision maker

I consent to the above-named person receiving:

- Standard-dose Influenza Vaccine
- High-dose Influenza Vaccine
- COVID-19 vaccine
- Pneumococcal Vaccine (Pneu-P-23)

Name ______________

Relationship ______________

Phone number ______________

Date ______________

Signature ______________

2. Consent by client (including mature minor)

I consent to receiving:

- Standard-dose Influenza Vaccine
- High-dose Influenza Vaccine
- COVID-19 vaccine
- Pneumococcal Vaccine (Pneu-P-23)

Date ______________

Signature ______________

COVID-19, Influenza, and Pneumococcal Immunization Consent Form

Manitoba

Parents/guardian/legal or appointed decision makers should discuss the information provided for the vaccines listed above with the child, and involve the child in the decision to provide consent to the immunization(s). Although a child may be immunized with the consent of a parent/guardian/legal or appointed decision maker, a child is entitled to be informed about immunization(s). A child may provide consent to immunization(s) if the person administering the vaccine determines that the child understands the consequences of making a decision with respect to the immunization(s), including risks and benefits of the vaccine(s), possible reactions to the vaccine, and the risks associated with not being immunized. Please refer to the Informed Consent Guidelines located at:
https://www.manitoba.ca/health/publichealth/cdc/protocol/consentguidelines.pdf

Notice: The Department of Health is authorized to collect the personal information and personal health information on this form by s. 13(1) of The Personal Health Information Act and s. 36(1)(b) of The Freedom of Information and Protection of Privacy Act because it is collected for the purpose of administering immunizations. Information about the immunizations you or your child receive will be recorded in the provincial immunization registry. Information collected in the provincial immunization registry can be used to produce immunization records, or notify you or your doctor if a particular immunization has been missed. The Personal Health Information Act protects your information. You can have your personal health information hidden from view from health care providers. For more information, please contact your local public health office to speak with a public health nurse
www.manitoba.ca/health/publichealth/offices.html

E. Since May 2020, public health has been collecting information about the racial, ethnic, and Indigenous identity of individuals. The following questions will help assess vaccine coverage and determine the need for increased vaccine accessibility in different communities. We recognize that this list of racial or ethnic identifiers may not exactly match how you would describe yourself (or your child). Please, check the racial or ethnic community that best describes you (or your child):

African　Black　Chinese　Filipino　Latin American　South Asian　Southeast Asian　White
North American Indigenous (First Nation, Métis, Inuit)　Other　Prefer not to answer

If you identified as North American Indigenous, do you (or your child) identify as:
First Nations　Métis　Inuit

THE FOLLOWING SECTION TO BE COMPLETED BY IMMUNIZATION PROVIDER

Verbal Consent			
Date:______/____/____ (yyyy/mm/dd)	Name:	Relationship (parent/guardian/legal or appointed decision maker/client):	Health Care Provider Signature:

Consent Using an Interpreter		
Interpreter’s name or ID#:	Phone:	Date:______/____/____ (yyyy/mm/dd)

Vaccine	Date Y/M/D	Lot #	Manufacturer	Dose	Route	Site	Immunizer’s Signature	Data Entry
Standard-dose Influenza								
High-dose Influenza								
COVID-19								
Pneumococcal (Pneu-P-23)								

Supplementary Information		
Date yyyy/mm/dd	Notes:	Signature