



Surname : \_\_\_\_\_ Name : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_ Postal code : \_\_\_\_\_

E-Mail : \_\_\_\_\_ Phone : ( ) \_\_\_\_\_

I accept to receive e-mails for my laboratory results, to confirm an appointment, to remind me of the flu vaccination period or to inform me about new services. My contact information will only be used by Clinique Vaccination Rive-Sud. It will always be possible to be removed from the e-mail list. Initials: \_\_

Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Age : \_\_\_\_\_ Healthcare card #: \_\_\_\_\_  
 Year/month/day

Health questionnaire	YES/NO
1. Have you ever received a flu vaccine in the past? (if you are over 65) Have you received a vaccine against Pneumonia?	Y / N
2. Aches with or without fever in the last 10 days?	Y / N
3. Do you have any health problems? Which ones? Medication :	Y / N
4. Have you ever had a reaction due to a vaccine? If yes, which vaccine, what kind of reaction? S.O.R., Guillain et Barré	Y / N
5. Do you eat eggs or any derived product?	Y / N
6. Are you allergique to neomycin, thimerosal, latex, eggs?	Y / N
7. Are you pregnant or planing on being pregnant in the next month?	Y / N
8. I declare being aware of the possible reactions to the vaccination (Light pain, light fever, aches, and muscular pain for 24 to 48 hours) and being aware of the steps to follow in case of a reaction (wet towel on the injection site, Tylenol if needed, and to consult a doctor if symptoms persist or are severe).	Y / N
Customer initials	
(6months to 9 years, 2 doses at 4 weeks interval if first time ever vac.) Nurse initials	

2014-15 Vaccins 3 ou 4 souches : A/California/7/2009 (H1N1) A/Texas/50/2012 (H3N2) et B/Massachusetts/2/2012 (4 souches) B/Brisbane/60/2008

\_\_\_\_\_  
 Customer signature

\_\_\_\_\_  
 Date

**For internal use only**

Vaccins	No. Lot	Site	Date	Signature inf.
(3 souches) Vaxigrip/Fluviral Agriflu/ Influvac <b>0,5cc I.M.</b>	147902,G12T			
(4 souches) Fluzone 0.5cc I.M.	UI1200AA			
Flumist intranasale				
Zostavax 0.65cc S.C.				
Pevnar13 0.5cc I.M.	H45629,H05004			
Pneumovax23 0.5cc I.M.				

Payant	60ans et + Pneumovax? Zostavax? Pevnar13?	24m-59ans Problème de santé	6-23 mois	Contact domicile	<u>2<sup>e</sup></u> ou <u>3<sup>e</sup></u> enceinte	Privé ou public
--------	--	-----------------------------------	-----------	---------------------	--	--------------------