CLINIQUE VACCINATION RIVE-SUD

Siège social
386, rue de Gentilly O., Local 106
Longueuil, J4H 2A2
450 674-4999

Surname: _____ Name: _____

Address: _____ City: _____

Postal Code :_____ Phone # : ( )_____

E-mail : _____

□ **I agree to receive electronic messages for my laboratory test results, to confirm an appointment, to remind me of the flu vaccination period or to advise me of a new service. My contact information will only be used by Clinique Vaccination Rive-Sud. I can withdraw my contact information at any time.** _____

Date of birth : _____/_____/_____ Age: _____ Healthcare card #: _____

THIS SECTION MUST BE COMPLETED BY PATIENT

1. Have you ever received a seasonal flu vaccine? Yes_____ No_____
(*For children under the age of 9, receiving the flu vaccine for the first time, 2 doses with a 4 week interval are necessary.*)

2. Have you ever received a vaccine against pneumococcal? Yes_____ No_____
If YES, at what date did you receive the vaccine _____/___/___Which one: _____

3. Do you feel sick today? Yes_____ No_____

4. After eating eggs, have you ever had an allergic reaction needing immediate medical attention? Yes_____ No_____

5. After receiving a vaccine, have you ever had a reaction (side effect) serious enough to see a doctor or go to a hospital? Yes_____ No_____

6. I declare having read and have knowledge of the different reactions (side effects) possibly caused by the vaccination (sensitivity, light fever, uneasiness, muscle pain for 24 to 48 hrs are possible) and have knowledge of steps to follow in case of a reaction (wet facecloth on site of injection, Tylenol if needed and see a doctor if symptoms are serious and persist) Yes_____ No_____

Signature : _____ **Date :** _____/_____/_____
(If less than 14 year old: Signature of Father_____ or Mother_____)

2016-2017 3 or 4 strain vaccine : A/California/7/2009 (H1N1)pdm09 A/Hong Kong/4801/2014/(H3N2) B/Phuket/3073/2013 B/Brisbane/60/2008

THIS SECTION RESERVED FOR THE NURSES USE ONLY

Vaccins	No. Lot	Site	Date	Signature inf.
(3 souches) Fluviral Agriflu/ Influvac 0,5cc I.M.	**2K9TB/ L20T/ BK2DM**			
(4 souches) Fluzone / Flulaval-tetra 0.5cc I.M.	**24B37/ UI640AA/ UI640AC**			
Flumist intranasale	**HK2092**			
Zostavax 0.65cc I.M				
Prevnar13 0.5cc I.M				
Pneumovax23 0.5cc I.M				

Payant	60ans et +	24m-59ans Probl. de santé	6-23 mois	Contact domicile	2e ou 3e enceinte	Privé ou public