Saskatchewan Health Authority

# SEASONAL INFLUENZA / PNEUMOCOCCAL-23 IMMUNIZATION CONSENT

## FOR ADULTS WITH COGNITIVE DISABILITIES

This form is to be used only for persons 18 years and older who are unable to understand and/or sign for their own medical services and have a legal substitute decision-maker.

| **Section 1: Client Information** | | |
|---|---|---|
| Last Name | First Name | Gender M F |
| Health Services Number | Birthdate (MM/DD/YY) | Personal Care Home (if applicable) |

**Section 2: Vaccine Screening Questions: (Substitute Decision-Maker or Physician to complete)**

1. Is this person well today?
   No ☐ Yes ☐ If no, describe:
2. Has this person had a life threatening reaction (anaphylaxis) to the seasonal Influenza vaccine or its components in the past?
   No ☐ Yes ☐ If yes, describe
3. Does this person have any severe allergies?
   No ☐ Yes ☐ If yes, describe:
4. Has this person developed Guillain-Barré Syndrome (GBS) within 6 weeks of receiving influenza vaccine?
   No ☐ Yes ☐
5. Has this person ever received pneumococcal-23 vaccine? (most people only need one dose)
   No ☐ Yes ☐ If yes, when?

**Section 3: Consent for Immunization: (Substitute Decision-Maker or Physician to complete)**

I have read the Influenza and/or Pneumococcal-23 information sheet. I am aware that the Saskatchewan Health Authority accesses the immunization record from the electronic provincial immunization registry for the person named above, to determine the need for immunization. I am aware that his/her immunizations and health related information will be documented into the electronic provincial immunization registry and may be shared with health care professionals to provide public health services, assist with diagnosis and treatment, and to control the spread of vaccine preventable diseases.

Name of Substitute Decision-Maker or Physician

| Relationship to Client | Daytime Phone Number |
|---|---|
| **I consent for the person named above to be immunized with <u>Pneumococcal-23 Vaccine</u>:** **Signature:** **Date:** MM/DD/YY | **I consent for the person named above to be immunized with <u>Seasonal Influenza Vaccine</u>:** **Signature:** **Date:** MM/DD/YY |

**Section 4: Telephone Consent (Health Care Provider to complete): Influenza ☐ Pneumococcal-23 ☐**

Health Care Provider to obtain consent as per Chapter 3, Section 4 of the Saskatchewan Immunization Manual (SIM), including as it relates to Panorama under Section 3 above.

Name of Substitute Decision-Maker or Physician

| Relationship to Client | Daytime Phone Number |
|---|---|
| **I consent for the person named above to be immunized with <u>Pneumococcal-23 Vaccine</u>:** **Signature:** **Date:** MM/DD/YY | **I consent for the person named above to be immunized with <u>Seasonal Influenza Vaccine</u>:** **Signature:** **Date:** MM/DD/YY |

| Health Care Provider (printed) | Health Care Provider Signature | Date (MM/DD/YY) |
|---|---|---|

Reason for telephone consent