

Seasonal Influenza Immunization Consent Quick Tips

Located at the bottom of the consent form, you will find four variables that vaccine administrators must complete: “Depot,” “Program,” “Site vaccine housed,” and “Location”:

Record of Immunization						
Date/Time	Vaccine	Lot Number	Dose	Route	Site	Immunizer's Printed Name
			0.5mL	Intramuscular		Signature
			0.5mL	Intramuscular		Immunizer's Printed Name
						Signature

Depot: Program: Site vaccine housed: Location:

This personal information is being collected under the authority of Section 61(c) of the s. 29 and s.34(a)(m) of the Personal Health Information Act, and will be used for determining eligibility to receive influenza immunization and monitor provincial uptake of the flu vaccine. If you have concerns about the collection of your personal health information please contact the privacy office of your Regional Health Authority.

“Depot” refers to the place the vaccine was distributed from. Enter one of the following values:

- Central Health
- Clarenville
- Curtis Memorial Hospital
- Holyrood
- Labrador Health Centre
- Labrador West Health Centre
- Marystown
- Mount Pearl Square
- Western Health

“Program” refers to your place of work. Enter one of the following values:

- Acute Care
- Long Term Care
- Occupational Health
- Pharmacy - Acute
- Pharmacy - External
- Physicians/Clinics
- Public Health
- Other
- MH&A and Justice
- Primary Health Care
- Community Support

“Site vaccine housed” refers to where you are storing your vaccine, for example physicians office.

“Location” refers to the place the vaccine was given. Enter one of the following values:

- Mass Clinic Site
- Client Home Visit
- Corrections/Justice
- Mental Health & Addictions
- Occupational Health
- Outpatient/Ambulatory Care
- Personal Care Home
- Public Health Community Site
- School