

Seasonal Influenza (Flu) Vaccine Covid Screening Form 2020-2021



Section 1: Patient Information

Name (First & Last):	Health Card (OHIP) Number:
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Section 2: COVID-19 Screening Questionnaire

Question	Yes	No	Unsure	Question	Yes	No	Unsure
Have you tested positive for COVID-19 and not been cleared ?				In the past 14 days , did you return from travel outside of Canada ?			
Do you have any symptoms of COVID-19 today? (fever, cough, shortness of breath, breathing difficulty, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches, nausea/vomiting, diarrhea, abdominal pain, pink eye, runny nose or nasal congestion without other known cause)				Are you living with an individual who currently has COVID-19 or has been out of the country within the last 14 days?			
In the past 14 days , have you experienced any COVID-19 symptoms?				Are you under self-isolation (quarantine)?			
In the past 14 days , did you have close contact with someone who is confirmed as having COVID-19 ?							

Section 3: Immunization Screening Questionnaire (Optional)

Question	Yes	No	Unsure	Question	Yes	No	Unsure
For individuals over 50 years old , have you received a pneumonia vaccine?				For individuals 15-24 years old , have you received a meningitis B vaccine?			
For individuals over 50 years old , have you received shingles vaccines?				If you answered "No" or "Unsure" to any of the last three questions, may we follow-up?			

Section 4: Epinephrine Emergency Use Only

Epinephrine 0.15 mg Children: Weight between 15 to 30 kg (33 - 66 lbs) <input type="checkbox"/> EpiPen Junior DIN 00578657 PIN 09857424 <input type="checkbox"/> Allerject DIN 002382059 PIN 09857439	Epinephrine 0.3 mg Adults and children: Weight ≥ 30 kg (≥ 66 lbs) <input type="checkbox"/> EpiPen Adult DIN 00509558 PIN 09857423 <input type="checkbox"/> Allerject DIN 002382067 PIN 09857440 <input type="checkbox"/> Emerade DIN 002458446 PIN 09858129	Epinephrine 0.5 mg* Adolescents and adults: Weight ≥ 60 kg (≥ 132 lbs) <input type="checkbox"/> Emerade DIN 002458454 PIN 09858130 *Note: Individuals over 60 kg bodyweight: recommended dose is 0.3 to 0.5 mg depending on clinical judgement (Emerade monograph).
Date of Administration (MM/DD/YYYY)	Times of Epinephrine Administration	
Number of Doses Administered:	1. 2. (if needed) 3. (if needed)	
Pharmacist's Name and License #:	Pharmacist Signature:	