

Please read the following instruction carefully coming to the clinic

**YOU CAN ONLY PRE-BOOK ADULT IMMUNIZATION VISITS:**

- 1) Please **book a separate appointment** with your physician **if you have any other issues** to discuss other than an immunization.
- 2) Make sure you fill out the **immunization consent form online, print and bring it** on the day of your visit.
- 3) Pls fill out the Covid Screener below the day of your visit
- 4) You **must not come** to the clinic **if sick or have a fever or answer YES to any questions below in our COVID-19 screener.**

**COVID-19 SCREENING QUESTIONNAIRE**

- ✓ **In order to book your flu vaccine visit, you must answer the following questions, must PRINT OUT and bring this form to the office.**
- ✓ **Unfortunately, this year, we have limited supply due to health authority's allocation.**
- ✓ **If you have other concerns for your physician, please speak to the medical office assistants to book another appointment.**

- 1) Any cough/cold/fever/flu symptoms within the past 10 days?  
 YES     NO
- 2) Have you travelled out of country within the past 14 days?  
 YES     NO
- 3) Had direct contact with anyone with cold or flu-like symptoms within the last 14 days ?  
 YES     NO
- 4) Had direct contact with anyone who has travelled in the last 14 days?  
 YES     NO
- 5) Had contact with anyone who has been diagnosed with COVID-19?  
 YES     NO

**ON THE DAY OF YOUR APPOINTMENT:**

- 1) Please **ONLY check-in at the reception within 10 min before your appointment time**, as you will have to wait outside of the clinic to be called in. Due to the social distancing policy, we can only limit certain number of patients in the waiting room and as the result; there is possibility that you will have to wait outside.  
Please dress appropriately for the weather.
- 2) Please **do not come early** to your appointment, as we have a maximum number of people allowed in the waiting room. The maximum number of people that can be in waiting room is **7 people**
- 3) Please **wear a face mask** or any face covering.
- 4) Wear a **short sleeve or sleeveless loose shirt** for easy access to the upper arm for the flu shot.
- 5) You must **wait for at least 5-10 minutes after your vaccine** to monitor for any adverse reactions.



## PRE-VACCINATION QUESTIONNAIRE

- ✓ In order to proceed with your immunization visit, you must answer/**PRINT OUT** and bring this form to the office and give to the check in staff.
- ✓ Unfortunately, this year, we have limited supply due to a limited health authority's allocation and it will be first come first served unless the health authority provides us with more
- ✓ If you have other issues to discuss during your visit, and you are only booked for a immunization visit, you will have to speak to the medical office assistants to book another appointment on your way out.

PLEASE FILL OUT FULLY BELOW:

### 1 PATIENT INFORMATION

Last Name	First Name		
PHN	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth YYYY	MM DD

### 2 PRE-VACCINATION QUESTIONNAIRE

Are you feeling sick today or have a fever (TEMP above 38 degrees C)?	Y	N
Have you had shingles in the past 12 months?	Y	N
Have you ever had an allergic reaction to a vaccination?	Y	N
Do you have any chronic health conditions (including tuberculosis or immunodeficiency)?	Y	N
Are you on any medications that affect your immune system?	Y	N
Have you ever fainted when receiving a vaccination?	Y	N
IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SHOW THE STAFF		

- I am aware of the discussion of the pros and cons and side effects of the vaccine and consent to have a vaccine. I understand that it is advised to wait 5-10 min to report to the front office staff any adverse reactions

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date (YYYY/MM/DD)