THE CITY OF CALGARY
EMERGENCY MEDICAL SERVICES

The City of Calgary EMS Emergency Medical Services

AUTHORIZATION & TREATMENT FOR VACCINATION, BLOOD PRESSURE CHOLESTEROL, GLUCOSE SCREENING

EM 2146 (R2006-08)

Employee Name:		Gender	Age Group	
Employee No:		☐ Male	☐ 18-34	☐ 45-49
Business Unit:			☐ 35-39	☐ 50-54
Date (YYYY/MM/DD):		☐ Female	☐ 40-44	☐ 55-59
			☐ 60-64	

All Employees must answer the following questions:

1. Are you allergic to: **Eggs, or Thimerasol**? **(Absolute contraindication)** ☐ Yes ☐ No
2. Have you ever had any reaction to previous vaccine? **(Absolute contraindication)** ☐ Yes ☐ No
3. Do you have a fever presently or have you had a severe infection in the past 6 weeks? ☐ Yes ☐ No
4. Do you take theophylline, anti-convulsants or anti-coagulants? ☐ Yes ☐ No
5. Are you Pregnant? ☐ Yes ☐ No

(Questions 3, 4 & 5 are relative contraindications. If you answered "Yes", you must present a doctor's note to receive the flu vaccination. Please consult your family physician.)

I AUTHORIZE THE EMERGENCY MEDICAL SERVICES DEPARTMENT, CITY OF CALGARY, TO ADMINISTER THE FOLLOWING VACCINE AND OR TEST

☐ Influenza Vaccination ☐ Cholesterol / Glucose Screening ☐ Blood Pressure

Signed: _____ **Witness:** _____

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(c), and is used solely for the purposes of data collection, reporting, and management of Health Promotion Clinics within the City of Calgary Emergency Medical Services. If you have any questions regarding the collection or use of this information, please contact the Executive Assistant at 538-7605

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RECOMMENDATION FOR BLOOD PRESSURE FOLLOW UP (> 18 years)
If Systolic & Diastolic readings fell in different categories, recommend shorter follow up

Systolic *(Check One)*	***Diastolic*** *(Check One)*	***Recommended Care***
☐ < 120	☐ < 80	Recheck in 1 year
☐ 121-129	☐ 81-89	Recheck in 6 months
☐ 130-139	☐ 90-99	Recheck in 3 months
☐ 140-159	☐ 100-119	Dr. follow up care within 1 week **
☐ > 160	☐ ≥120	See Dr. immediately **

IF SYMPTOMATIC IN ANY CATEGORY IMMEDIATE FOLLOW UP WITH DOCTOR OR 911
I.e. Blurred vision, epistaxis, headache, numbness, and or dizziness

Have you ever been told you have:

1. Heart Disease? ☐ Yes ☐ No

2. Had a Stroke? ☐ Yes ☐ No

3. Vascular Disease (Hardening of the Arteries)? ☐ Yes ☐ No

4. Diabetes? ☐ Yes ☐ No

Do you:

1. Have high blood pressure? ☐ Yes ☐ No

2. Smoke? ☐ Yes ☐ No

3. Have an immediate family member who has had a stroke or heart/vascular disease before the age 55(males) or 65(females)? ☐ Yes ☐ No

4. Take any medication for diabetes or high BP? ☐ Yes ☐ No

If yes to any question and an abnormal test value, recommend a Level II assessment

Group (Office use only)	***Normal Value***	***Tested Value***	***Recommended Care***
TOTAL (TC) CHOLESTEROL	< 5.2 mmol/L		☐ Over 5.2 mmol/L ** ☐ Under 5.2 mmol/L, recheck in 1 year.
HDL	>1.3 mmol/L		☐ Over 1.3 mmol/L recheck in 1 year ☐ Under 1.3 mmol/L **

**** Recommend a Level II assessment.**

PLACE STICKER HERE PLEASE

Value	**Action**
☐ **< 3.6 mmol/L**	*EMS ASSESSMENT* *Wait 15 min and repeat BGL*
☐ **3.6 – 7 mmol/L**	*NORMAL VALUES*
☐ **≥7.9 mmol/L**	*EMS ASSESSMENT* *See Family Doctor **

FOLLOWING TO BE FILLED OUT AND SIGNED BY EMERGENCY MEDICAL SERVICES REPRESENTATIVE ADMINISTERING THE VACCINE

Date	Type of medication	Lot Number	Dose	Site & Type of Injection	Signature

☐ *****LEVEL II ASSESSMENT RECOMMENDED***