IM or intranasal form

2009 H1N1 Influenza Vaccine Consent Form

Section 1: Information to Receive Vaccine (please print)

NAME (Last)	(First)	(M.I.)	**DATE OF BIRTH** month________day_______year_________ AGE_________GENDER M F
ADDRESS			**DAYTIME PHONE NUMBER:**
CITY	**STATE**	**ZIP**	

Section 2: Screening for Vaccine Eligibility

If you have already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

Date received: month ____day____year_______ Form (please circle): nasal spray (live virus) shot (inactivated virus)

The following questions will help us to know if you can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

A.

	YES	**NO**
1. Do you/child have a serious allergy to eggs?	☐	☐
2. Do you/child have any other serious allergies? Please list: ____	☐	☐
3. Have you/child ever had a serious reaction to a previous dose of flu vaccine?	☐	☐
4. Have you/child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	☐	☐

B. There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine you can get.

	YES	**NO**
1. Have you/child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: ____________________________________ Date given: Month____day____year____	☐	☐
2. Do you/child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	☐	☐
3. Are you/child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	☐	☐
4. Do you/child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	☐	☐
5. Are you/child pregnant?	☐	☐
6. Do you/child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	☐	☐

Section 3: Consent

CONSENT FOR VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the **DeWitt-Piatt Bi-County Health Department** to vaccinate me/child for H1N1 influenza.

Signature of Client/ Parent/Legal Guardian ____________________________

Date: month______day______year___________

I GIVE CONSENT to the **DeWitt-Piatt Bi- County Health Department** to enter vaccination data about myself/child and store it in a centralized computer system. The individual and agency receiving this information has a legal and ethical duty to keep the information confidential and private, and not release it to anyone else without written permission unless the law allows it.

Signature of Client/Parent/Legal Guardian_________________________________

Date: month______day______year___________

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	☐ IM ☐ Intranasal				