

2009 H1N1 Influenza Adult Vaccine Consent Form

Date _____
Time _____

Section 1: Information about Person to Receive Vaccine (please print)

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH month _____ day _____ year _____	
MOTHER'S MAIDEN NAME (Last, First)	YOUR PREVIOUS LAST NAMES		AGE	GENDER M F
ADDRESS			DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP		

Section 2: Screening for Vaccine Eligibility

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.

	YES	NO
1. Are you ill today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

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 been vaccinated with MMR, Chicken Pox or nasal FLUMIST within the past 30 days? Vaccine: _____ Date given: month _____ day _____ year _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you over 49 years old?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant or severely immunocompromised)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you taken an antiviral, Tamiflu (oseltamivir) or Relenza (zanamivir), in the last 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>

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 STATE/LOCAL health department and its staff to vaccinate me with this vaccine.
Signature _____ Date: _____

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Site	Dose # (1 st or 2 nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /09	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal	LV RV LD RD				