

Injection

2009 H1N1 Influenza Vaccine Consent Form

Mist

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

NAME (Last)		(First)	(M.I.)	Gender M F	Age	DATE OF BIRTH m____ d____ y____
PARENT/LEGAL GUARDIAN'S NAME (Last) (First) (MI)			DAYTIME PHONE NUMBER Home: _____			
ADDRESS			Work: _____			
CITY	STATE	ZIP	Cell: _____			

Section 2: Screening for Vaccine Eligibility

If child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination. (2 doses only for children 6 months through 9 years)

- Dose 1 Date received: month ____ day ____ year ____ Form (please circle): nasal spray shot
- Dose 2 Date received: month ____ day ____ year ____ Form (please circle): nasal spray shot

The following questions will determine if person is eligible for the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

A. If the answer is "YES" for one or more of the following questions in this section a health care provider will discuss your options.	YES	NO
1. Is this person ill today or experiencing a high fever within the last 24 hours? If yes describe illness		
2. Has this person ever seen a physician for allergies to eggs? If yes describe.		
3. Has this person taken any medication within the last seven days? If yes list the medications:		
4. Has this person ever had Guillain-Barré Syndrome?		
5. Is this person pregnant or planning to become pregnant within the next three months?		
6. Has this person had a history of convulsions or other neurological problems, or a history of low platelet count?		
7. Has this person had a severe allergic (anaphylactic) reaction to a vaccine in the past?		
8. Is this person on long-term aspirin or aspirin-containing therapy?		
9. Has this person had any of the following: auto immune disorder, asthma, diabetes, lung, heart, kidney, and/or liver disease?		
10. Has this person been vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: Month _____ Day _____ Year _____		
11. Does this person 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 been offered a copy of the H1N1 Influenza "Vaccine Information Statement". I have read or have had explained to me and understand, the information in this "Vaccine Information Statement". I give consent for the person named at the top of this form to be vaccinated with H1N1 vaccine. I give my consent for information contained on this form to be released to the Kansas Countermeasure Response & Administration (KS-CRA) for the purpose of assessment and reporting.

Signature of Recipient/Parent/Legal Guardian _____ Date _____
Month / Day / Year

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route	Extremity	Site	Dose Number (1st or 2nd)	Vaccine Manufacturer Lot Number Expiration Date	VIS Dates
2009 H1N1	IM Intranasal	L R	Deltoid Vastus Lat Nasal	1 st 2 nd		08-26-2009

Signature and Title of Vaccine Administrator _____ Date _____ Return Visit Date _____