

## Warren County Combined Health District 2009 H1N1 Influenza Vaccine Consent Form

**Section 1: (please print)**

NAME (Last)		(First)	(M.I.)	DATE OF BIRTH month _____ day _____ year _____	
AGE	GENDER	PHONE NUMBER			
ADDRESS					
CITY		STATE	ZIP		
SCHOOL/EMPLOYER NAME					

**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.

- 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 help us know if you can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

If you answer "NO" to all four of the following questions, you can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, you may not be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	YES	NO
1. Do you have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you have any other serious allergies that you know of? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>

**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 Warren County Health Department and its staff to vaccinate me with the 2009 H1N1 vaccine.

**Signature** \_\_\_\_\_

**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				
2009 H1N1	/ /	IM				