

2009 H1N1 Influenza Vaccine Consent Form Manitowoc County Health Department

Information collected on this form will be used to document authorization for receipt of vaccine(s). Information may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with the patient to assure completion of the vaccine schedule.

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

NAME (Last)		(First)	(M.I.)	DATE OF BIRTH	
LEGAL GUARDIAN'S NAME (LAST)		(First)	(M.I.)	AGE	GENDER M / F
ADDRESS				DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP			
SCHOOL NAME				GRADE	

Section 2: Screening for Vaccine Eligibility

HAS THIS PERSON RECEIVED H1N1 VACCINE YET? (Please circle): YES NO

- Dose 1: Date received: _____ (Please circle): nasal spray or shot
 Dose 2: Date received: _____ (Please circle): nasal spray or shot

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

A. If you answer "NO" to all four of the following questions, you/your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, you/your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	YES	NO
1. Does vaccine recipient have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does vaccine recipient have any other serious allergies? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
3. Has vaccine recipient ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has vaccine recipient 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"/>

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/your child can get.

	YES	NO
1. Has vaccine recipient been vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does vaccine recipient 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. Is vaccine recipient on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does vaccine recipient 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. Is vaccine recipient pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does vaccine recipient have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>
7. If vaccine recipient is less than age 5, has s/he had an episode of wheezing in the last year?	<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. I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request.

SIGNATURE - Person to receive vaccine or person authorized to sign on the patient's behalf

Date Signed

Section 4: Vaccination Record**FOR ADMINISTRATIVE USE ONLY**

Vaccine	Date Dose Administered	Route	Dose	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1		<input type="checkbox"/> IM <i>CIRCLE</i> RD LD RV LV <input type="checkbox"/> Intranasal	1 2	H1N1 CSL H1N1 NOV H1N1 p-free CSL H1N1 p-free NOV H1N1 p-free SAN H1N1 SAN H1N1 MED Nasal		

Trade Name in WIR	Manufacturer	Type
H1N1 CSL	CSL	Inactivated
H1N1 MED Nasal	MedImmune	LAIV; Intranasal spray
H1N1 NOV	Novartis	Inactivated
H1N1 p-free CSL	CSL	Inactivated; preservative free
H1N1 p-free NOV	Novartis	Inactivated; preservative free
H1N1 p-free SAN	Sanofi Pasteur	Inactivated; preservative free
H1N1 SAN	Sanofi Pasteur	Inactivated