

## 2009-10 H1N1 FLU VACCINE "SHOT" IMMUNIZATION SCREENING & CONSENT

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Circle: Male or Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years old

If child, Name of parent or guardian: \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

Phone \_\_\_\_\_ alternate phone \_\_\_\_\_

**I state that I or my child:**

- Is not allergic to eggs, egg protein or chicken protein. *Persons with a severe allergy to eggs or chicken should not receive the H1N1 or seasonal flu vaccine.*
- is not ill with fever; and
- has not had a severe reaction to a H1N1 or seasonal flu shot in the past.

**I agree to the following:**

1. I have read the H1N1 Vaccine Information Sheet or have had the information explained to me.
2. I have had a chance to ask questions and they were answered to my satisfaction.
3. I understand the benefits and risks of the vaccinations and ask that the H1N1 influenza vaccine is given to me or my child.
4. I accept responsibility for seeking medical attention for any problems with this vaccination.
5. I will bring this child back for a second H1N1 influenza vaccine if this child is younger than 10.

**Children younger than 10 years old should get 2 doses, at least 4 weeks apart, to be protected.**

SIGNATURE (Dose1) \_\_\_\_\_ DATE \_\_\_\_\_

*If needed, in 4 weeks:*

SIGNATURE (Dose2) \_\_\_\_\_ DATE \_\_\_\_\_

***Please turn the page over and fill in the name, age & date of birth at the top.***

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Needs 2<sup>nd</sup> dose in 4 weeks (age 9 or younger)? YES \_\_\_\_\_ NO \_\_\_\_\_

**1<sup>st</sup> Dose**

Immunization Date Dose # 1	Manufacturer/Brand//Lot <i>Can apply sticker</i>	Dosage & Site (circle)	Signature
		0.5ml IM LAT or RAT  LD or RD	

**(Dose 2 only if needed – see box above)**

“ Children younger than 10 years of age should get 2 doses, at least 4 weeks apart, to be protected.”

Immunization Date Dose # 2	Manufacturer/Brand//Lot <i>Can apply sticker</i>	Dosage & Site (circle)	Signature
		0.5 ml IM RAT or LAT	