

## 2009 H1N1 Influenza Vaccine Consent for Adults

### Section 1: Please Print

NAME (Last)		(First)	(M.I.)	DATE OF BIRTH month _____ day _____ year _____	
ADDRESS			PHONE NUMBER :	AGE	GENDER (circle) M / F
CITY	STATE	ZIP		COUNTY	
CLINIC SITE					

### 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.

**A. 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 be able to get the 2009 H1N1 vaccine, but we will discuss your options.**

	YES	NO
1. Do you have a serious allergy to eggs?		
2. Do you have any other serious allergies? Please list:		
3. Have you ever had a serious reaction to a previous dose of flu vaccine?		
4. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks of receiving flu vaccine?		

**B. There are two types of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which type you can get.**

	YES	NO
1. Have you been given any vaccines, including any flu vaccine within the past 30 days? Vaccine: _____ Date given: month _____ day _____ year _____		
2. Do you have any of the following: recurrent wheezing, asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
3. Are you on long-term aspirin or aspirin-containing therapy (for example, do you take aspirin every day)?		
4. Do you have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?		
5. Are you pregnant?		
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)?		
7. Have you taken any influenza antiviral medications in the last week (ex: Tamiflu, Relenza)? When?		

### Section 3: Consent for Vaccination:

I have read or had explained to me the Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits

**I GIVE CONSENT** to Public Health, Delta & Menominee Counties and its staff to administer the H1N1 vaccine.

\_\_\_\_\_  
Signature

Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Vaccine	Date Administered and VIS Given	Site	Route	Vaccine Manufacturer	Lot Number	Date of VIS	Name & Title of Vaccine Administrator
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal	<input type="checkbox"/> Rt Arm <input type="checkbox"/> Lt Arm <input type="checkbox"/> By Nose			10/2/09	