



H1N1 Influenza Vaccination Consent Form

HD01434F

Please complete and return this form (PLEASE PRINT).

Name receiving vaccination: _____ Birth date (mm/dd/ yyyy): _____
Local Address: _____ City: _____ State: _____ Zip Code: _____
Home/Cell telephone: _____
Emergency contact name & number: _____

If vaccine is being administered to a child under the age of 17 years:
Parent/Legal Guardian: _____

Please circle YES or NO to all of the questions below:

- 1. Are you (or if completing for your child) allergic to eggs, egg proteins, or to another component of influenza vaccines, such as arginine, gelatin, gentamycin (antibiotic) neomycin (antibiotic) and polymyxin (antibiotic)? Yes No
- 2. Have you (or if completing for your child) ever had a serious reaction to an influenza vaccine? Yes No
- 3. Have you (or if completing for your child) ever had Guillain-Barf  syndrome? Yes No

I have been given the Centers for Disease Control and Prevention Vaccine Information Statement (VIS). I have read the VIS and have no further questions at this time. I understand the risks and benefits of H1N1 influenza vaccine. I request and voluntarily consent that H1N1 influenza vaccine be given to (please print name) _____, and I acknowledge that no guarantees have been made concerning the vaccine’s success. I understand the possible side effects and warnings and precautions that should be taken into consideration prior to administration of the vaccine.

Signature of Person receiving Vaccine: _____ Date: _____

Signature of Parent/Legal Guardian (if less than 17): _____ Date: _____

For Staff use only:

Vaccine	Date Administered	Route	Dose Number (1 or 2)	Vaccine Manufacturer	Lot Number	Site/Dosage	Signature of Vaccinator
2009 H1N1	11/ 10 /09 11/ 11 /09	IM	#1	Sanofi Pasteur	UP015AA 29Mar11	RD / LD 0.5ml	