

H1N1 2009-2010 Flu Vaccine Consent Form

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

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH / /
ADDRESS			PHONE NUMBER:
CITY	STATE	ZIP	

Section 2: Screening for Vaccine Eligibility

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

If you answer "YES" to one or more of the four questions, you will not be able to receive the 200-2010 H1N1 flu vaccine unless there is a note from your health care provider approving the vaccination.

	YES	NO
1. Do you have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a serious allergy to gentamicin, neomycin, polymixin or gelatin?	<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"/>

List other serious allergies: _____

Section 3: Consent

CONSENT FOR VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the H1N1 flu vaccine and understand the risks and benefits.

I GIVE CONSENT for the person at top of this form to get vaccinated with this vaccine.

Signature

Date: month ____ day ____ year ____

