

**SIDNEY-SHELBY COUNTY HEALTH DEPARTMENT
2010 H1N1 Influenza Vaccine Consent Form**

Section 1: Patient Information (please print)

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH		
ADDRESS (Street)	(City)	(State)	(Zip)	AGE	GENDER M / F
SCHOOL NAME					GRADE
PARENT/GUARDIAN NAME		PHONE	DOCTOR		

Section 2: Screening for Vaccine Eligibility

				YES	NO	
1.	Has client had vaccines elsewhere in the past 30 days?	MMR	Chicken Pox	Flu	↑	↑
2.	Does client have any medical problems? Please list:				↑	↑
3.	Has client had a reaction to latex, eggs, or past immunizations?				↑	↑
4.	Has client had Immune Globulin or a blood transfusion in the last three months?				↑	↑
5.	Has anyone in this home had a bone marrow transplant?					↑
6.	Does client have history of Gullain-Barre Syndrome?				↑	↑
7.	Is client pregnant?					

Section 3: Consent

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits. I give consent to the Sidney-Shelby County Health Department and its staff for myself or child named at the top of this form to be vaccinated with this vaccine. I acknowledge receipt of notice of my privacy rights from the Sidney Shelby County Health Department.

Signature of Patient/Legal Guardian

Date

***** HEALTH DEPARTMENT STAFF USE ONLY *****

Injectable Lots			IM Sites	Nasal Lots	Site
UT030FA	102135P1 10 2127P1 102125P1	UP025AA	RA LA RT LT	500852P	Nose

Vaccinator's
Initials _____ Date _____

P

(6-35 Months)

M

(2-49 Healthy)

I

(3 & older, medical problems, requested)