



H1N1 Influenza Inactivated Vaccine (the “flu shot”) 2009-2010 Consent Form and Administration Form for Immunization

The patient or guardian must receive a copy of the 2009 H1N1 Inactivated Influenza Vaccine Information Statement (VIS 10/2/09) prior to receiving the vaccine. Go to <http://www.cdc.gov/vaccines> or www.immunize.org/vis for copies of VIS in other languages.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ Age: _____ Gender: M F
Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone (_____) _____ - _____

Please check all applicable:

- pregnant living with or caring for infants younger than 6 months of age 6 months-24 years of age
- healthcare or EMS personnel 25-64 years of age with chronic medical condition or a weakened immune system

Please answer these questions by checking the boxes.	Yes	No	Unknown
1. Does the person wishing to be vaccinated have a severe allergy to eggs?			
2. Has the person wishing to be vaccinated ever had a life threatening allergic reaction to a previous dose of seasonal influenza vaccine?			
3. Has the person wishing to be vaccinated ever had Guillain-Barre Syndrome (a severe paralytic illness, also called GBS)?			
4. Has the person wishing to be vaccinated been told by a doctor NOT to have the H1N1 influenza vaccine?			
5. Is the person wishing to be vaccinated moderately or severely ill today?			

I believe I understand the benefits and risks of the vaccine, and ask that the H1N1 influenza vaccine be given to me or to the person named above (for whom I am authorized to make this request).

Signature of Person to Receive Vaccine Date Name of Parent or Guardian,
(or parent or guardian, if recipient is a minor) (if recipient is a minor)

MEDICAL STAFF USE ONLY

If “NO” is checked to all above screening questions and the consent signed, administer the H1N1 influenza vaccine per the NextCare Administration and Reporting of Vaccines Policy, Standing Orders Policy and manufacturer’s instructions.

If “YES” is checked on any of the above screening questions, then the vaccine cannot be administered under standing orders and must be ordered by a provider.

Inactivated 2009 H1N1 vaccine may be given at the some time as other vaccines, including seasonal influenza vaccine.

Note: Children younger than 9 years of age should get 2 doses, about one month apart, to be protected. Older children and adults need only one dose.

Manufacturer: _____ Lot #: _____ Expiration Date: _____ Site: _____
Date: _____ Time: _____ Admin by: _____ Title: _____ Clinic: _____

Complete the H1N1 vaccination record provided with the vaccine and give to the patient.
Complete required local or State reporting for H1N1 immunization and vaccination of minors.
Scan this form into the patient’s EMR.