

Clark County Health Department

H1N1 Influenza Vaccination Screening and Consent Form

Phone (812) 282-7521 / Fax (812) 288-2711

PARENTS/ GUARDIANS: Please Read The Following Carefully Before Signing The Consent.

You must read, answer all questions, and sign this consent form. Please read the vaccine information statements we have provided to you. Your/your child will need to receive a second vaccine in 20 to 28 days to ensure maximum protection from H1N1.

YOUR/ or Child's NAME: _____ BIRTHDATE: _____ SEX: Male
(First) (Last) (mm/dd/yyyy)

PHONE: _____ ADDRESS: _____ CITY: _____ ZIP: _____

Please circle Yes, No, or NA (not applicable) for the following questions **and** answer **ALL** questions

1) Are You/child allergic to eggs? Yes No

2) Have You/ Your child ever received the influenza (flu) vaccine before? Yes No

3) Have you/ your child ever had a Serious Allergic Reaction to the Influenza (Flu) Vaccine or to any other type of vaccine? Yes No

If yes, please explain:

4) Do you/your child have any chronic medical conditions? Yes No

5) Are you pregnant or nursing? Yes No

6) Have you/ your child ever had Guillain-Barre' syndrome? Yes No

Parent/ Guardian Information:

First Name: _____ Last Name _____

Address: _____ City: _____ Zip Code _____ Phone: _____

Please Print Provider/ Practice Name: _____ Clark County Health Department

I have received the vaccine information statement for the **Live, Intranasal Influenza Vaccine and/ or the Injectable Influenza Vaccine** (Vaccine Information Statement, 10/02/09).

Signature/ parent/ Legal Guardian Sign _____ **Date:** _____

FOR CLINIC USE ONLY

Date:	Dose:	Vaccine / Mfg:	Lot #	Exp. Date:	Screening MD/RN/LVN	IZ Given By:	Site/ Route:
	# 1						N / IM
	# 2						N / IM

Please Check target group that applies to patient:

- | | | |
|------------------------------|---|----------------------------------|
| 1. Pregnant Women _____ | 2. Care for <6mths of age _____ | 3. Healthcare & EMS worker _____ |
| 4. Age 6mths- 24 years _____ | 5. 25 – 64 with Chronic Health Conditions _____ | 6. General Population _____ |