H1N1 Nasal Spray 2009

Exp.Date:

CONSENT FORM

School

For ages 2 years to 49 years of age

CITRUS COUNTY HEALTH DEPARTMENT
Live Attenuated H1N1 Influenza Vaccine Immunization Record

School		
Home Room Teacher _		
Grade	_ Age of child	

Student Information - Please print name in ALL CAPITAL LETTERS, BLACK INK ONLY for the child receiving the vaccine																								
FIRST NAME:																								
LAST NAME:																								
ADDRESS:																								
CITY:																ST:			ZIP:					
HOME PHONE:													EMERGE CT NUM											
Middle Initial Gender: M F Date of Birth: (MM/DD/YYYY) / / / / / / / / / / / / / / / / /																								
Mother, Father, or Guardian Information - Please print name in ALL CAPITAL LETTERS, BLACK INK ONLY																								
FIRST I	NAME:																							
LAST	NAME:																							
IF GUAR	- 1																							Ħ
RELATIONSHIP																								
Please answer YES or NO to the questions below: The questions should be completed for the child receiving the vaccination. Nursing staff will review the information.																								
YES NO 1. Is your child allergic to eggs, egg proteins, or to another component of influenza vaccines?																								
2. Has you	r child	lever	had a	serio	us rea	ction	to an i	influer	nza va	iccina	tion?													
3. Has you	r child	l ever	had G	Guillani	-Barre	e' synd	drome	?																
4. Is your c	hild yo	ounge	er than	2 yea	ars of	age?																		
5. Does yo	ur chil	ld hav	e astr	nma or	recur	rent c	r activ	ve w h	eezin	g?														
6. ls your c																								
7. Does yo syndrome [-			-							-							icienc	у			
8. Has you	r child	rece	ived a	ny of	the fol	llow in	g in th	e pas	30 da	ays? (Pleas	e circl	e) Fl	uMist,	MMF	R, VZ	V Da	te giv	en:			_		
9.Does you metabolic d			-			-	ng-ter	m hea	alth pro	oblem	s? Ple	ase c	ircle:	heart	diseas	se, lur	g dise	ease,	kidney	disea	ase,			
10. ls your																								
11. Does yo	our ch	nild liv	e w ith	or ha	-	se co	ntact	w ith a	nyone	w ho	has a	seve	rely w	eake	ned im	mune	syste	m (Al	DS, or	chen	nothe	ару,		
John Hall		поріа	. 11, 010																					
12: Does y																								
*Note: If																		wine	Flu)	influ	ıenz	a va	ccine	
through																								
Request	for A	dmir	nistra	tion c	of H1I	N1 (S	wine	Flu)	Nasa	l Spr	ay Va	ccin	e for	the a	bove	nam	ed re	cipie	nt					
I have been given the H1N1 Nasal Spray vaccine information sheet as provided by the CDC. I have read these documents and have no further questions at this time. I understand the risks and benefits of this vaccine. I request and voluntarily consent that H1N1 (Swine Flu) vaccine be given to of whom I am the parent or legal guardian 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 admini-																								
stration of				ss. Iu	nderst	tand th	ne pos	sible	side ef	tects :	and wa	arning	s and	preca	utions	that s	nould	be tak	cen int	o cons	sidera	tion pi	nor to a	amıni-
Parent Si	gnatu	re:										F	Printed	l Nam	e:									
														Date	:									
Provider 1	Name: (Print Name) Date:																							