



Novel H1N1 Vaccine Consent Form

INSTRUCTIONS: Please complete this form prior to receiving immunizations.

You will have a chance to ask questions and discuss your concerns with a healthcare professional at the clinic.

Information about person to receive vaccine (Please Print)

Name: Last First MI

DOB: Sex: Race:

Allergies: None Eggs? Yes No Latex? Yes No Gelatin? Yes No Neomycin? Yes No Polymycin B? Yes No Gentamicin? Yes No Other

Has the person receiving the vaccine had a serious reaction to a vaccine in the past? Yes No

Has the person receiving the vaccine ever been diagnosed with: Asthma Heart/Lung Problems Cancer HIV Leukemia Sickle Cell Seizures Guillian-Barre Weakened Immune System Rheumatoid Arthritis Brain/Nerve Problems

Has the person receiving the vaccine received any blood, blood products or immunoglobulin in the past year? Yes No

Has the person receiving the vaccine had any of the following: Chemotherapy Steroid Therapy Radiation X-ray treatments Antiviral Medication

Is the person receiving the vaccine pregnant? Yes No

Has the person receiving the vaccine had vaccinations (including flu) in the last month? Yes No If Yes, where? Doctor/Clinic Name

Address: Street City State Zip County

Telephone #: Cell #:

If providing consent for a minor, please complete:

I, (please print name of consenting adult) have the following relationship with the person named above (please check relationship to other person or minor child):

- Court Order, Legal Guardian, Father, Mother, Adult Aunt, Adult Brother, Adult Sister, Adult Uncle, Grandfather, Grandmother, Stepmother, Stepfather

I have received, read, and understand the Vaccine Information Statement (VIS).

By my signature below, I verify that I have been offered the Notice of Privacy Rights.

By my signature below, I am providing consent for myself or have the legal authority, based on my relationship to the person indicated above, to consent to this vaccine administration for the child identified above.

Print Name Signature Date

FOR OFFICIAL USE ONLY

Table with 2 columns: Date of Vaccination, Vaccine Type, Lot Number, Administered By, Title