

## 2009 H1N1 Influenza Vaccine Consent Form

### Section 1: Information about Child to Receive Vaccine (please print)

|                                     |       |         |                                       |   |                         |
|-------------------------------------|-------|---------|---------------------------------------|---|-------------------------|
| CHILD'S NAME (Last)                 |       | (First) | (M.I.)                                | CHILD'S DATE OF BIRTH<br>month _____ day _____ year _____ |                         |
| PARENT/LEGAL GUARDIAN'S NAME (Last) |       | (First) | (M.I.)                                | CHILD'S AGE   | CHILD'S GENDER<br>M / F |
| ADDRESS                             |       |         | PARENT/GUARDIAN DAYTIME PHONE NUMBER: |   |                         |
| CITY                                | STATE | ZIP     |                                       |   |                         |
| VACCINATION SITE NAME               |       |         | GRADE                                 |   |                         |

### Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

- Dose 1      Date received: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_      Form (please circle):    nasal spray                  shot  
 Dose 2      Date received: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_      Form (please circle):    nasal spray                  shot

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

**A. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.**

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Does your child have a serious allergy to eggs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child have any other serious allergies? Please list: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your child ever had a serious reaction to a previous dose of flu vaccine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |

**B. There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine your child can get.**

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days?<br>Vaccine: _____ Date given: month _____ day _____ year _____            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your child pregnant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?    | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 3: Consent

#### CONSENT FOR CHILD'S VACCINATION:

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 Alamance County Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, dated, and returned, then your child will not be vaccinated)

Signature of Parent/Legal Guardian \_\_\_\_\_  
Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

I DO NOT GIVE CONSENT to the Alamance County Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian \_\_\_\_\_  
Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

### Section 4: Permission to Release Information

I give consent for release of child's vaccination record to Alamance County Health Department.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_ month \_\_\_\_ day \_\_\_\_ year

### Section 5: Vaccination Record

#### FOR ADMINISTRATIVE USE ONLY

| Vaccine   | Date Dose Administered | Route  | Dose Number (1st or 2nd) | Vaccine Manufacturer | Lot Number | Name and Title of Vaccine Administrator |
|-----------|------------------------|--|--------------------------|----------------------|------------|---|
| 2009 H1N1 | / /                    | <input type="checkbox"/> IM<br><input type="checkbox"/> Intranasal |                          |                      |            |   |
| 2009 H1N1 | / /                    | <input type="checkbox"/> IM<br><input type="checkbox"/> Intranasal |                          |                      |            |   |