

## 2009 H1N1 INFLUENZA VACCINE CONSENT FORM

### Section 1: Information about person to receive Vaccine( please print)

|                                      |         |        |  |        |
|--------------------------------------|---------|--------|--|--------|
| NAME (Last)                          | (First) | (M.I.) | DATE OF BIRTH<br>Month _____ Day _____<br>Year _____ |        |
| PARENT/LEGAL GUARDIAN'S NAME         | (First) |        | AGE  | GENDER |
| ADDRESS                              |         |        | PARENT/GUARDIAN DAYTIME PHONE NUMBER:                |        |
| CITY                                 | STATE   | ZIP    |  |        |
| SCHOOL NAME (if receiving at school) |         |        | GRADE (if receiving at school)                       |        |

### Section 2: Screening for Vaccine Eligibility

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

Dose 1 Date received: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

| Does the person receiving the vaccine have any of the following:  | YES | NO |
|---|-----|----|
| 1. Have a serious allergy to eggs?  |     |    |
| 2. Have any other serious allergies that you know of? Please list: _____  |     |    |
| 3. Have you ever had a serious reaction to a previous dose of flu vaccine?  |     |    |
| 4. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? |     |    |

### Section 3: Consent

#### CONSENT FOR 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 STATE/LOCAL health department and its staff for person named at the top of this form to get vaccinated with this vaccine. (If this consent form is not signed, dated and returned, then your child will not be vaccinated at school.)

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

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Section below to be filled out by the staff at Whiteside County Health Department

| Date Administered | Site | Manufacture/Lot | Vaccine Administered by |
|-------------------|------|-----------------|-------------------------|
|                   |      |                 |                         |