

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: _____
(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 _____ |