



Pike County General Health District 2009 H1N1 Influenza Vaccine Consent Form

Section 1: Information about Individual to Receive Vaccination

(Please Print)

Name (Last)	(First, M.I.)	Date of Birth ____/____/____	
Address	City	State	Zip Code
Daytime Phone Number	Evening Phone Number		

Section 2: Screening for Vaccine Availability

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

	YES	NO
1. Do you have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had Guillian-Barre Syndrome (a type of severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling ill today?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Consent for Vaccination

I have read or had explained to me the 2009-2010 Vaccination Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the Pike County General Health District and its staff to administer this vaccine to me and grant them access to my vaccination records.

Signature

Date: ____/____/____

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Administered	Route (circle one)	Vaccine Manufacturer	Lot #	Vaccine Administrator
2009 H1N1		IM or LAIV			

Priority Group: _____