

CABELL-HUNTINGTON HEALTH DEPARTMENT

2009 H1N1 Influenza Consent Form

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

Student Name (Last)		(First)	(M.I.)	Date of Birth Month Day Year		
Parent / Legal Guardian Name (Last)		(First)	(M.I.)	Student Age		Gender M / F
ADDRESS			PARENT / GUARDIAN DAYTIME PHONE NUMBER:			
CITY	STATE	ZIP	SCHOOL	GRADE	HOME ROOM	

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if your child can get the 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 discuss your options.

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

- 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 been vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: Month _____ Day _____ Year _____		
2. Does your child have any of the following: asthma, diabetes, or other metabolic disease), or disease of the lungs, heart, kidneys, liver, or blood?		
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day?)		
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)?		
5. Is your child pregnant?		
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?		

Section 3: Consent

CONSENT FOR STUDENT VACCINATION: I give permission for my child to receive: _____ Intranasal H1N1 Vaccine _____ Injectable vaccine _____ Either I have received, read, and understand the Novel H1N1 Vaccine Information Statement (VIS). I have had a chance to ask questions and discuss my concerns with a healthcare professional. I give permission to the Cabell-Huntington Health Department to give my child the H1N1 vaccine marked above.

I have the legal authority to consent to the administration of the H1N1 vaccine or nasal mist for the child names above.

Print Name _____

Signature of Parent / Legal Guardian _____ Date _____

Section 4: Vaccination Record (ADMINISTRATIVE USE ONLY)

VIS Date 10-2-2009 Date VIS Given _____

VACCINE	DATE DOSE ADMINISTERED	ROUTE	SITE	DOSE NUMBER (1 st or 2 nd)	VACCINE MANUFACTURER	LOT NUMBER	NAME AND TITLE OF VACCINE ADMINISTRATOR
2009 H1n1							