

**Zanesville-Muskingum County Health Department  
ADULT - 2009 H1N1 Influenza Vaccine Consent Form**

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

NAME (Last)		(First)	(M.I.)	DATE OF BIRTH Month _____ Day _____ Year _____		
Address						
CITY		STATE	ZIP	AGE		
DAYTIME PHONE NUMBER				GENDER M / F		

**Section 2: Screening for Vaccine Eligibility**

**If you have already been vaccinated with seasonal and/or 2009 H1N1 influenza vaccine please complete below:**

Date received: month \_\_\_ day \_\_\_ year \_\_\_\_ Type (please circle): nasal spray shot H1N1  
 Date received: month \_\_\_ day \_\_\_ year \_\_\_\_ Type (please circle): nasal spray shot Seasonal

The following questions will help us know if you can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question. If you answer "NO" to all four of the following questions, you can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, you may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	YES	NO
1. Do you have a serious allergy to eggs?		
2. Do you 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-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

There are two kinds of H1N1 influenza vaccine. Your answers to the following questions will help us to know which of the two kinds of vaccine you can get.

	YES	NO
1. Have you been vaccinated with any flu vaccine within the last 30 days? Vaccine: _____ Date given: month _____ day _____ year _____		
2. Do you have any of the following: asthma, diabetes, (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
3. Do you have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?		
4. Are you pregnant?		
5. Do you 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 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 MY CONSENT to be vaccinated with H1N1 influenza vaccine.**

**Signature** \_\_\_\_\_ **Date:** month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**CONSENT FOR OHIO IMMUNIZATION REGISTRY INFORMATION SYSTEM:**

I also give permission to enroll my immunization records into the Ohio Department of Health vaccine registry (SIIS) to ensure this vaccination record is available to me and my healthcare providers. I understand I may be asked for information that will ensure my records are accurate and will not be confused with another person's records. I authorize inclusion of all information into SIIS and redisclosure of this information from SIIS to authorized users such as the Center for Disease Control, CDC.

**Signature** \_\_\_\_\_ **Date:** month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**Section 4: Vaccination Record**

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Site	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	IM  Intranasal				