

## 2009-10 H1N1 Live Attenuated (nasal spray) and Inactivated (the shot) Influenza Vaccine Consent Form

2<sup>nd</sup> DOSE

**Eligibility Category - Check all that apply:**

- Age 24 years or younger   
  Pregnant   
  Contact to infant less than 6 months   
  Healthcare provider/EMT  
 Age 25-64 years with medical condition (Specify: \_\_\_\_\_)

|  |  |                   |  |              |  |
|--|--|-------------------|--|--------------|--|
|  | / /  |                   | ( ) -  |              | <input type="checkbox"/> M<br><input type="checkbox"/> F |
| <b>Last Name</b>   | <b>First Name</b>  | <b>Birth Date</b> | <b>Age</b>   | <b>Phone</b> |  |
| <b>Address</b>   |  | <b>City</b>       | <b>County</b>  | <b>State</b> | <b>Zip Code</b>  |
| <b>Race (Check one box only)</b>   |  |                   | <b>Ethnicity (Check one box only)</b>  |              |  |
| <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native |  |                   | <input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino |              |  |
| <b>Contraindications for BOTH vaccines:</b> Please check YES or NO for each question.  |  |                   |  |              | <b>YES</b> <b>NO</b>                                     |
| 1.   | Does the person to be vaccinated have an allergy to eggs, gelatin, the antibiotics Gentamicin, Neomycin, or Polymyxin B?   |                   |  |              |  |
| 2.   | Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?  |                   |  |              |  |
| 3.   | Has the person to be vaccinated ever had Guillain-Barré syndrome?  |                   |  |              |  |
| <b>Contraindications for Nasal Spray Vaccine:</b>  |  |                   |  |              | <b>YES</b> <b>NO</b>                                     |
| 4.   | Is the person being vaccinated younger than 2 years of age or older than 49 years of age?  |                   |  |              |  |
| 5.   | Does the person to be vaccinated have a long-term health problem such as heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), anemia or other blood disorders? |                   |  |              |  |
| 6.   | Is the person to be vaccinated a child age 2 through 4 years with a history of recurrent wheezing?   |                   |  |              |  |
| 7.   | Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease, long-term treatment with drugs such as steroids, or cancer treatment with x-rays or drugs?  |                   |  |              |  |
| 8.   | Is the person to be vaccinated receiving aspirin-containing therapy?   |                   |  |              |  |
| 9.   | Is the person to be vaccinated pregnant or planning to become pregnant within the next month?  |                   |  |              |  |
| 10.  | Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective environment (such as in a hospital room with reverse air flow)?                   |                   |  |              |  |
| 11.  | Has the person to be vaccinated received any other vaccinations in the past 4 weeks?   |                   |  |              |  |
| 12.  | Is the person being vaccinated taking any prescription medicines to prevent or treat the flu?  |                   |  |              |  |
| <b>Precautions:</b>  |  |                   |  |              | <b>YES</b> <b>NO</b>                                     |
| 13.  | Is the person to be vaccinated sick today?   |                   |  |              |  |

**X**

**Signature of person to receive vaccine or parent/guardian of minor to receive vaccine.**

**Date**

| CLINIC USE ONLY                          |      |       |      |       |             |        |        |                 |         |
|--|------|-------|------|-------|-------------|--------|--------|-----------------|---------|
| H1N1 Vaccine                             | Date | Lot # | Exp. | Route | Site        | Dose   | Clinic | Administered By | VIS     |
| <b>MedImmune</b>                         |      |       |      |       |             |        |        |                 |         |
| Nasal Mist                               |      |       |      | IN    | Nasal       | 0.2cc  | WCHD   |                 | 10-2-09 |
| <b>Sanofi Pasteur</b>                    |      |       |      |       |             |        |        |                 |         |
| Pre-filled 0.25cc (6-35 mos)             |      |       |      | IM    | LT RT       | 0.25cc | WCHD   |                 | 10-2-09 |
| MD Vial 0.25cc (6-35 mos)                |      |       |      | IM    | LT RT       | 0.25cc | WCHD   |                 | 10-2-09 |
| MD Vial or Pre-filled 0.5cc (3yrs-adult) |      |       |      | IM    | LT RT LD RD | 0.5cc  | WCHD   |                 | 10-2-09 |
| <b>Novartis</b>                          |      |       |      |       |             |        |        |                 |         |
| (4yrs-adult)                             |      |       |      | IM    | LT RT LD RD | 0.5cc  | WCHD   |                 | 10-2-09 |
| <b>CSL</b>                               |      |       |      |       |             |        |        |                 |         |
| MD Vial 0.25cc (6-35 mos)                |      |       |      | IM    | LT RT       | 0.25cc | WCHD   |                 | 10-2-09 |
| MD Vial or Pre-filled 0.5cc (3yrs-adult) |      |       |      | IM    | LT RT LD RD | 0.5cc  | WCHD   |                 | 10-2-09 |
| <b>GSK (circle)</b>                      |      |       |      |       |             |        |        |                 |         |
| (18yrs-adult)                            |      |       |      | IM    | LD RD       | 0.5cc  | WCHD   |                 | 10-2-09 |

WebIZ # \_\_\_\_\_

Date Entered \_\_\_\_\_

By \_\_\_\_\_