GRADE LEVEL	LOCATION CODE

ERIE COUNTY DEPARTMENT OF HEALTH
2009 H1N1 Influenza Screening and Consent Form

Name_____ **DOB**_____ **AGE**_____ **SEX**___

Address_____

Parent/Guardian_____ **Phone**_____

Please check appropriate box:

	PHASE ONE
	Pregnant
	Child between 6 months and 24 years of age
	Healthcare or emergency medical service worker
	Adult ages 25-64 years with a chronic or immunosuppressive medical condition
	Household contact or caregiver for children younger than 6 months of age
	PHASE TWO
	Adult ages 25-64 years
	PHASE THREE
	Adult ages 65 +

Go to reverse side→

AREA BELOW TO BE COMPLETED BY VACCINATOR

Dosage: □ 0.5 ml □ 0.5 ml (thimerosol free) □ 0.25 ml (thimerosol free) □ LAIV

Site: □ Left Deltoid □ Right Deltoid □ Left Thigh □ Right Thigh □ Nasal

VIS Date: 10/02/09 Date VIS given_____

Manufacturer / Lot # / Expiration Date:

PLACE LABEL HERE

Vaccinator Signature and title_____

Agency_____

2009 H1N1 SCREENING AND CONSENT FORM

Please answer the following questions:	Circle	
Have you/your child ever had a serious reaction to the nasal spray or flu shot vaccine?	No	Yes
Do you/your child have any chronic medical problems?	No	Yes
Do you/your child have a severe allergy to eggs, a severe allergy to any component of the vaccine, or an anaphylactic allergy to latex?	No	Yes
Have you/your child ever had Guillain Barré Syndrome?	No	Yes
Are you/your child pregnant? (*use thimerosol free injectable*)	No/NA	Yes
Do you/your child have close contact with anyone with a severely weakened immune system? (requiring care in a protected environment such as a bone marrow transplant unit)	No	Yes
For children ages 2-4 years, has this child had asthma or wheezing episodes in the last year?	No/NA	Yes
Is this child or teen to be vaccinated receiving long term aspirin treatment?	No/NA	Yes
Have you/your child been vaccinated with any vaccine (not just flu) in the past 28 days? Vaccine: Date:	No	Yes

Influenza Consent

I have read, or had explained to me, the Vaccine Information Sheet (VIS) about 2009 H1N1 influenza vaccination. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described. I request that 2009 H1N1 influenza vaccine be given to me (or the person named above for whom I am authorized to make this request). I authorize the release of any medical or other information necessary to process a Medicare or other insurance claim or for other public health purpose.

_____ _____

Signature of Recipient Date

AREA BELOW TO BE COMPLETED BY MEDICAL SCREENER

Disposition: (circle) **Vaccinate** **Medical Evaluation** **Defer / Refer to PMD** **Initials of Screener** _____

Vaccinate with:

- ☐ 0.5 mL (multi-dose vial) - good for most people
- ☐ 0.5 mL (thimerosol free) - pregnant women
- ☐ 0.25 mL (thimerosol free) - children 6-35 months of age
- ☐ LAIV nasal spray - for healthy people 2-49 years of age