

ACUSHNET BOARD OF HEALTH
130 Main Street, Acushnet, MA 02743
508-998-0275

2009-2010 H1N1 Influenza Vaccine Consent Form

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

NAME (Last)		(First)	(M.I.)	DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	AGE	GENDER M / F
ADDRESS			DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			

Section 2: Screening for Vaccine Eligibility For A Child Age 9 and Younger:

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

- Dose 1 Date received: month _____ day _____ year _____ Form (please circle): nasal spray shot
- Dose 2 Date received: month _____ day _____ year _____ Form (please circle): nasal spray shot

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

A. If you answer "NO" to all four of the following questions, you can get the nasal spray OR injectable shot influenza vaccine. If you answer "YES" to one or more of the following four questions, you can get the injectable 2009-2010 H1N1 vaccine.

	YES	NO
1. Do you/your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you/your child have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has you/your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has you/your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

B. There are two kinds of 2009-2010 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine you can get.

	YES	NO
1. Have you/your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month _____ day _____ year _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you/your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you/your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you/your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you/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)?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Consent

CONSENT FOR VACCINATION:

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

I GIVE CONSENT to the Acushnet Board of Health/Community Nurse and Hospice Care of Fairhaven and its staff to vaccinate me/my child and I give consent for release of data from the vaccination record.

Signature of Patient/Parent/Legal Guardian _____

Date: month _____ day _____ year _____

