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Public Health

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Child/Minor Novel Influenza A (2009) H1N1 Influenza Vaccine Consent Form

Section 1: Demographics (please print)

Form with fields for CHILD/MINOR'S NAME, PARENT/LEGAL GUARDIAN'S NAME, ADDRESS, CITY, STATE, ZIP, SCHOOL NAME, CHILD/MINOR'S DATE OF BIRTH, CHILD/MINOR'S GENDER, and PARENT/GUARDIAN DAYTIME PHONE NUMBER.

Section 2: Screening for Vaccine Eligibility

Please mark YES or NO for each question.

Table with 3 columns: Question, YES, NO. Contains 4 screening questions about allergies and previous reactions.

There are two kinds of 2009 H1N1 influenza vaccine, nasal mist or shot. Your answers to the following questions will help us know which of the two kinds of vaccine your child/minor should get. (Children under the age of 10 need two doses which are given one month apart.)

Table with 3 columns: Question, YES, NO. Contains 6 screening questions about recent vaccinations and medical conditions.

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 also understand the Health Insurance Portability & Accountability Act of 1996 (HIPPA). I have certain rights and privacy regarding my protected health information. The Notice of Privacy Practice has been made available to me which explains those rights.

I GIVE CONSENT to Buchanan County Health Center and its staff for the child/minor named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed and dated, your child/minor will not be vaccinated)

Signature _____ Date: month _____ day _____ year _____

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Table with 7 columns: Vaccine, Date Dose Administered, Route/Site, Dose Number (1st or 2nd), Vaccine Manufacturer, Lot Number, Name and Title of Vaccine Administrator.

Priority Group (circle one):

Pregnant

Parents and/or Caregiver of child < 6 months

Health Care Worker / EMS

6 months – 24 years of age

25 – 64 yrs with Chronic Illness