Public Health
Prevent. Promote. Protect.
Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties and Cowlitz Tribe

Revised 10/28/09
1500

2009 H1N1 Influenza Vaccine Registration and Consent
VACCINE ADMINISTRATION RECORD

Information about person who will receive vaccine (please print)

Last Name	First Name	MI	Birthdate MMDDYYYY	Sex	Age

Address: Street	City	State	Zip Code	Phone Number	Previous / Maiden name

***ANSWER QUESTIONS ON OTHER SIDE →**

I have been given a copy and have read or have had explained to me the information in the Vaccine Information Statement for H1N1 Influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the H1N1 influenza vaccine and request that the H1N1 influenza vaccine be given to me or to the person named below for whom I am authorized to make this request. I understand that information about the immunizations will be stored electronically in a computer system, and that information from this computer system may be used by doctors, nurses, or other health care providers to help them provide health care.

X_____ Date:_____
Signature of person receiving vaccine (or person authorized to make request – PARENT OR GUARDIAN)

IF PARENT OR GUARDIAN PLEASE PRINT FULL NAME	First	Last

X_____ Date:_____
Signature Interpreter

DOSE: First ☐ Second ☐

2009 H1N1 Vaccine	Manufacturer	Lot #/Exp Date	Dose	Route	Site	CDC VIS
Multi-dose vials						
☐ Multi-dose vial	Sanofi-Pasteur		**0.25 mL**	**IM**	**RT LT**	**10/02/2009**
	Novartis		**0.5 mL**		**RD LD**	
	CSL					
Single dose, Preservative Free						
☐ Single dose syringe, pediatric dose ***Priority for children age 6 to 35 mo***	Sanofi-Pasteur		**0.25 mL**	**IM**	**RT LT**	
☐ Single dose syringe, adult dose ***Priority for pregnant women***	Sanofi-Pasteur		**0.5 mL**		**RD LD**	
	Novartis					
	CSL					
Intra Nasal Spray						
☐ Single dose intranasal sprayer	MedImmune		**0.2 mL**	**Intranasal**		

SIGNATURE OF VACCINE ADMINISTRATOR — TITLE OF VACCINE ADMINISTRATOR

PLEASE PRINT NAME — VACCINATION DATE

FACILITY

Flu vaccine comes as an injection (shot) *or* as a nasal spray (in the nose)

PART A: If you want the injection (shot), please answer these 5 questions.

If you answer "yes" to any of the questions below, you will not be able to receive either form of the vaccine (injectable or nasal spray).

Answer for the person receiving the vaccine:	Yes	No	Don't Know
1) Is the person younger than 6 months old?	☐	☐	
2) Does the person have a serious allergy to eggs or to a component of flu vaccine?	☐	☐	☐
3) Has the person ever had a serious reaction to a flu vaccine?	☐	☐	☐
4) Has the person had Guillain-Barré syndrome?	☐	☐	☐
5) Is the person sick today?	☐	☐	☐

PART B: If you want the nasal spray (in the nose), answer these 12 questions.

If you answer "yes" to any of the questions below, nasal spray vaccine will <u>not</u> be a good choice for you. STOP and go back to PART A and answer the questions for the injection.

Answer for the person receiving the vaccine:	Yes	No	Don't Know
1) Is the person younger than age 2 years or older than age 49 years?	☐	☐	
2) Is the person pregnant or could she become pregnant within the next month?	☐	☐	☐
3) Is the person younger than 5 years, and a doctor has said she/he has asthma or wheezing in the past year?	☐	☐	☐
4) Does the person have asthma, heart disease, lung disease, or a disease of the kidneys, nerves, muscles, heart, liver or blood?	☐	☐	☐
5) Does the person have a weak immune system (for example, because of HIV/AIDS, or medicine such as steroids, cancer medicine or radiation)?	☐	☐	☐
6) Does the person have an allergy to eggs or a component of the flu vaccine?	☐	☐	☐
7) Has the person ever had a serious reaction to a flu vaccine?	☐	☐	☐
8) Is the child or teen taking aspirin every day?	☐	☐	☐
9) Has the person had Guillain-Barré syndrome?	☐	☐	☐
10) Does the person have close contact with someone who must be in a protected environment (such as a hospital with reverse air flow)?	☐	☐	☐
11) Has the person received any other vaccinations in the past 4 weeks? Please note: Nasal spray for seasonal and H1N1 influenza should not be given at the same time and should be separated by 4 weeks.	☐	☐	☐
12) Has the person received antiviral medication (oseltamivir, zanamivir, Tamiflu, Relenza) recently? If yes, need to wait 48 hours after cessation of antiviral therapy before receiving live H1N1 vaccine. (Of note, antiviral medication should not be given until 2 weeks after receiving live virus vaccine. If antiviral medication and live virus vaccine are given at the same time, revaccination should be considered.)	☐	☐	☐
13) Is the person sick today?	☐	☐	☐

Adapted from Seattle/King Public Health vaccine document