Lafene Health Center
Kansas State University
2009 H1N1 Influenza Vaccine Consent Form

Section 1: Information about person 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** **Home: _____** **Work: _____**	
CITY	**STATE**	**ZIP**		
SCHOOL NAME, if applicable and GRADE			**CLINIC NAME/SITE**	

Section 2: Screening for Vaccine Eligibility

The following questions will determine if person is eligible for the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.
A. If the answer is "YES" for one or more of the following questions in this section a health care provider will discuss your options.

	YES	NO
1. Do you have a serious allergy to eggs?	☐	☐
2. Do you have severe/life threatening allergies? Please list: _____	☐	☐
3. Have you ever had a flu shot before?	☐	☐
4. If yes to the previous question, did you have a serious reaction? Describe: _____		
5. Have you ever had Guillain-Barré Syndrome?	☐	☐

B. There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will determine which vaccine you can receive.

	YES	NO
1. Have you been vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month_____day_____year_____	☐	☐
2. Do you have any of the following: auto immune disorder, asthma, diabetes, lung, heart, kidney, and/or liver disease?	☐	☐
3. Are you on long-term aspirin or aspirin-containing therapy?	☐	☐
4. Have you had a fever within the last 24 hours?	☐	☐
5. Are you pregnant?	☐	☐
6. Do you have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	☐	☐

Section 3: Consent

CONSENT FOR VACCINATION:

I have been offered a copy of the H1N1 Influenza "Vaccine Information Statement". I have read or have had explained to me and understand, the information in this "Vaccine Information Statement". I give consent for the person named at the top of this form to be vaccinated with H1N1 vaccine. I give my consent for information contained on this form to be released to the Kansas Countermeasure Response & Administration (KS-CRA) for the purpose of assessment and reporting.

Signature of Recipient/Parent/Legal Guardian _____

Date _____
Month / Day / Year

Section 4: Vaccination Record **FOR ADMINISTRATIVE USE ONLY**

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	☐ IM ☐ Intranasal				
2009 H1N1	/ /	☐ IM ☐ Intranasal				