



Colorado 2009-2010 H1N1 Flu Vaccine Consent and Screening Form



Child/Student

Please print neatly in capital letters as shown in the example:

Please shade circles completely

Please use reverse side for notes

EXAMPLE 1 2 3

Correct: ● Incorrect: ⊗

Personal Information: Provide information as completely as you can. All information will be kept confidential.

Child / Student First Name, Child / Student Last Name, MI, Street No. or PO Box, Street Name, Apt. Number, City, County, State, Zip Code, Gender

Health Insurance: Medicaid, Medicare, Kaiser Permanente, Other Private, No Insurance, Insurance Policy Number

School Name, Grade, Date of Birth

Parent First Name, Parent Last Name, Parent Daytime Phone Number

If your child has already been vaccinated with 2009 H1N1 influenza, please tell us the number of doses and dates of vaccination. Dose 1 received: nasal spray, shot. Dose 2 received: nasal spray, shot.

- 1. Does your child have a serious allergy to eggs or to a component of the flu vaccine?
2. Has your child ever had a serious reaction to a previous dose of flu vaccine?
3. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?
4. Has your child received any vaccine within the past 30 days?
5. Is your child on long-term aspirin or aspirin-containing therapy?
6. Is your child pregnant?
7. Does your child have close contact with a person who has a weakened immune system?
8. Does your child have any of the following illnesses or conditions? Chronic lung disease (including asthma), heart disease, diabetes, brain, spinal cord or muscle illness that causes swallowing or lung problems, problems with the immune system caused by medications and/or HIV, kidney disease, liver disease, blood disorders

CONSENT FOR VACCINATION: I have read or had explained to me the Vaccine Information Statement (10/02/2009) for the 2009 H1N1 Influenza Vaccine and understand the risks and benefits of receiving the vaccine. I have had a chance to ask questions, which were answered to my satisfaction. I hereby release this provider, its employees and its volunteers from any liability for any results which may occur from the administration of this vaccine.

I give consent I do not give consent for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian: Date:

STOP - DO NOT WRITE BELOW THIS LINE

H1N1-2009 VIS, Manufacturer, Dosage, Site, Lot No., Administered By: Name, Title

H1N1 PIN, Provider Name, Provider Type, Date Administered

