

2010 H1N1 Adult Influenza Vaccine Consent Form

Section 1: Information to Receive Vaccine (please print)

Name (last)	(First)	(M.I.)	Date of Birth: ____/____/____
Address:			Age: _____
City:	State:	Zip:	Gender : M / F Phone Number: _____

Section 2: Screening for Vaccine Eligibility

If you have been vaccinated with the seasonal flu vaccine, please tell us the date of the vaccination

Date received month: _____ day: _____ year: _____

The following questions will help us to know if you can get the 2010 H1N1 Influenza vaccine. Please answer Yes or No for each question.

A. If you answer “NO” to all four of the following questions, you can probably get the vaccine unless a concern arises following additional screening. If you answer “YES” to one or more of the following four questions, you may be able to get the 2010 H1N1 vaccine but we will discuss your options. If you are not sure of the answers to these questions, please check with your health care provider. Yes No

1. Do you have a serious allergy to eggs?		
2. Do you have a serious allergy to gentamicin, neomycin, polymixin or gelatin?		
3. Have you ever had a serious reaction to a previous dose of flu vaccine?		
4. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine		

B. There are two kinds of 2010 H1N1 influenza vaccine. Your answers to the following questions will help us determine if you are able to receive the nasal spray vaccine. 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: asthma, diabetes, (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
3. Are you on long-term aspirin or aspirin-containing therapy (for example, do you take aspirin every day)?		
4. Do you have a weak immune system (for example, from HIV, cancer, or medication such as steroids or those used to treat cancer)?		
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)?		

List other serious allergies:

Section 3: Consent

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

I GIVE CONSENT to the State/Local health department and its staff for me named at the top of this form to be vaccinated with this vaccine.

Signature: _____ Date: month _____ day _____ year _____

→PLEASE BE SURE TO READ AND SIGN THE REVERSE SIDE OF THIS FORM

Section 4: Permission to Share Information:

I, _____, give permission to the individual and/or entity that administered the 2010
(print your name)

H1N1 vaccine to me to share copies of the 2010 H1N1 consent form and vaccination record with my health care provider named below, as well as with the Massachusetts Department of Public Health and the local board of health in my community. I also give permission for each of these entities to share the 2010 H1N1 consent form with each other.

My health care provider:

Name: _____ Address: _____

- This health information is disclosed at my request and to ensure I am appropriately vaccinated.
- This permission expires at the end of the 2009-2010 vaccination season.
- If the person or entity receiving this information is not a health care provider or a health plan covered by federal privacy regulations, the information received may no longer be protected by federal privacy regulations. State privacy regulations cover information received by the MA Department of Public Health and local boards of health.
- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain the vaccination.
- I understand that I may inspect or copy the protected health information to be disclosed under this permission to share.
- Finally, I understand that I may withdraw this permission in writing at any time by sending a written notification to:
Town of Hampden / Wilbraham, 621 Main Street, Wilbraham, MA 01095
Attn.: P. Nelson

However, if I withdraw permission at a later date, any vaccine consent form and vaccine record already shared will not be covered by the withdrawal.

Print Name

Signature

Address

Date