Consent Form for Free 2009 H1N1 Influenza Vaccine

Section 1: Information about the Person to Receive 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			I	DAYTIME I	PHONE NUM		., 1	
CITY	STATE	ZIP		-				
SCHOOL NAME				GRADE/HO	MEROOM			
-4' A. C	12 - 13- 114							
ection 2: Screening for Vaccine El the person has already been vacc		H1N1 influenza vacci	ne, please tell u	is the number o	of doses and o	dates of vaccin	ation.	
ate received: monthdayye		Form (please circle):		al spray	shot	duces of vaccin		
ate received: monthdayye		Form (please circle):		al spray	shot			
Please check all that apply for the Lives with or cares for child Is pregnant Works in healthcare or eme Is 25 thru 64 years old and he Does not fit any category bu	years old lren less than 6 m rgency services nas a chronic heal	onths of age th condition (please li	st:					_)
				4.41 • 61	те.	657	EC?? 40 000	
If you answer "NO" to all four more of the following four ques								
more of the following four ques	stions, the person						our option YES	s. NO
more of the following four ques . Does the person have a serious	allergy to eggs?	may be able to get the					our option YES	s.
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Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009	/ /	□ IM				
H1N1		☐ Intranasal				
Booster for <10	/ /	□ IM				
years		☐ Intranasal				