



1213 Garfield Ave.
Harlan IA 51537

2009-10 H1N1 FLU VACCINE "SHOT" For persons age 6 months and up IMMUNIZATION SCREENING & CONSENT

Dev 10/16/09

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Last name _____ First name _____ Middle name _____

Address: _____ City: _____ State _____ Zip _____ Circle: Male or Female

Date of Birth: _____ Age: _____ years old

If child, Name of parent or guardian: _____ Mother's maiden name _____

Phone _____ alternate phone _____

I state that I or my child:

- Is not allergic to eggs, egg protein or chicken protein. *Persons with a severe allergy to eggs or chicken should not receive the H1N1 or seasonal flu vaccine.*
- is not ill with fever; and
- has not had a severe reaction to a H1N1 or seasonal flu shot in the past.

I agree to the following:

1. I have read the H1N1 Vaccine Information Sheet or have had the information explained to me.
2. I have had a chance to ask questions and they were answered to my satisfaction.
3. I understand the benefits and risks of the vaccinations and ask that the H1N1 influenza vaccine is given to me or my child.
4. I accept responsibility for seeking medical attention for any problems with this vaccination.
5. I will bring this child back for a second H1N1 influenza vaccine if this child is younger than 10.

Children younger than 10 years old should get 2 doses, at least 4 weeks apart, to be protected.

SIGNATURE (Dose1) _____ DATE _____

If needed, in 4 weeks:

SIGNATURE (Dose2) _____ DATE _____

Please turn the page over and fill in the name, age & date of birth at the top.

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Name: _____ Age: _____ Date of Birth: _____

Needs 2nd dose in 4 weeks (age 9 or younger)? YES _____ NO _____

Give H1N1 VIS (Vaccine Information Statement) dated 10/02/09 or later with each dose.

For age 6 months through 35 months

Immunization Date Dose # 1	Manufacturer/Brand//Lot <i>Can apply sticker</i>	Dosage & Site (circle)	Signature
		0.25 ml IM LAT or RAT	

" Children younger than 10 years of age should get 2 doses, at least 4 weeks apart, to be protected."

For age 6 months through 35 months

Immunization Date Dose # 2	Manufacturer/Brand//Lot <i>Can apply sticker</i>	Dosage & Site (circle)	Signature
		0.25 ml IM LAT or RAT	



For age 3 years and up

Immunization Date Dose # 1	Manufacturer/Brand//Lot <i>Can apply sticker</i>	Dosage & Site (circle)	Signature
		0.5ml IM LAT or RAT LD or RD	

For age 3 years through 9 years (Dose 2 only if needed – see box above)

" Children younger than 10 years of age should get 2 doses, at least 4 weeks apart, to be protected."

Immunization Date Dose # 2	Manufacturer/Brand//Lot <i>Can apply sticker</i>	Dosage & Site (circle)	Signature
		0.5 ml IM LAT or RAT	