

H1N1 Influenza Vaccination Consent Form

Client Information

Last Name		First Name		Middle
Date of Birth		Sex		Race
Street Address				
City		State		Zip
Contact Number			2 nd Contact Number	

- _____ I have received, read, and understand the **Novel H1N1 Vaccine Information Statement (VIS)**.
- _____ I have had a chance to ask questions and discuss my concerns with a healthcare professional.
- Allergies:** _____.

If consenting for self

I, _____, (please print name), consent to receive the Novel H1N1 vaccine.

Print Name: _____ Signature: _____ Date: ____/____/____

Or If consenting for another, e.g. minor child

I, _____, (please print name of consenting adult) have the following relationship with the person named above (please check relationship to other person or minor child).

- | | | | |
|--------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Adult Aunt | <input type="checkbox"/> Adult Brother | <input type="checkbox"/> Adult Sister | <input type="checkbox"/> Adult Uncle |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |

I have the legal authority, based on my relationship to the person indicated above, to consent to this vaccine administration for the child identified above.

Print Name: _____ Signature: _____ Date: ____/____/____

For Office Use Only

_____/_____/_____ _____ _____ _____ _____
Date of Vaccination **Vaccine Type** **Manufacturer** **Lot Number** **Exp. Date**

Site: (Please Circle one) RDT LDT **Route:** IM

Administered By _____
Title

24/7 Contact Numbers

Any questions or concerns about the H1N1 Flu Shot I/my child received today, please call the numbers listed below.

Place your contact info here!

Vaccination Schedule

I understand that I/my child have two H1N1 Flu shots to get the most protection from H1N1. My/my child's next H1N1 Flu Shot is due on ____/____/____ at this same site.