

Minnesota 2009 H1N1 Influenza Vaccine
(Injection Form)

Information about Individual to Receive Vaccine (Please Print)

NAME (Last)		(First)	(M.I.)
MOTHERS MAIDEN NAME (Last)		DATE OF BIRTH Month _____ Day _____ Year _____	
AGE			
ADDRESS			
CITY	STATE	ZIP	DAYTIME PHONE NUMBER:

Screening for Vaccine Eligibility

The answer to the following questions will help us to determine if you can get the 2009 H1N1 influenza vaccine. Please mark YES or No for each questions.	YES	NO
1. Are you ill today?		
2. Do you have a serious allergy to eggs?		
3. Do you have any other serious allergies? Please list: _____		
4. Have you ever had a serious reaction to a previous dose of influenza vaccine?		
5. Have you had Guillain-Barré Syndrome with in 6 weeks of receiving a flu vaccine? (Guillain-Barré Syndrome is a type of temporary severe muscle weakness)		

CONSENT FOR VACCINATION:

I GIVE CONSENT to be vaccinated with the 2009 H1N1 vaccine. I have received the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I understand that the information contained within this record is being maintained to monitor immunization needs in order to prevent disease. This information is confidential and will only be shared with organizations or persons who are authorized by law to receive it. This includes the Minnesota Department of Health, a health care provider or health care organization providing services on behalf of the child, the child's school or childcare and anyone else authorized under law to receive it. This information will be included in the Minnesota Immunization Information Connection Registry, a secure web-based registry system for health care providers. If you choose not to have your child's information shared with registry please call 1-800-657-3970.

Signature of person receiving vaccine or Parent/Legal Guardian:

Sign: _____ **Date:** _____

(Vaccination will not be administered if this consent form is not signed and dated.)

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Administered/ VIS Given	Route	Injection Site	Dose	Vaccine Manufacturer	Lot Number
2009 H1N1		IM		0.5 ml	Novartis	100814 6P
Name and Title of Vaccine Administrator						