

**JEFFERSON TOWNSHIP, MORRIS COUNTY
2009-10 H1N1 INJECTABLE Vaccine Consent Form**



Section 1: Information about person receiving vaccine (PLEASE PRINT)

NAME (Last)		(First)	DATE OF BIRTH	
			month _____ day _____ year _____	
ADDRESS			GENDER	
			MALE _____ FEMALE _____	
CITY	STATE	ZIP	PHONE #	

Section 2: Screening for Injectable Vaccine Eligibility

	YES	NO
1. Does the person named above have an egg allergy?		
2. Does the person to be vaccinated have a fever today?		
3. Has the person named above ever had a serious reaction to a previous dose of flu vaccine?		
4. Has the person named above ever had Guillain-Barré Syndrome?		
5. Is the person above receiving chemotherapy or radiation? If yes, doctor note required.		
6. Is the person named above pregnant?		

Section 3: Consent for Vaccination

H1N1 VACCINE CONSENT

I have been given the 2009-10 H1N1 CDC Vaccine Information Statement. I have had the opportunity to ask questions that have been answered to my satisfaction. I believe I understand the benefits and risks of the H1N1 vaccine and I request and consent that it be given to me or to the person named of whom I am parent, guardian or authorized person. I release the health department from any responsibility for my own health care needs, or liability from health consequences that may occur from my participation in this program. I also consent to having this data recorded in NJIIS (New Jersey Immunization Information System).

Signature: _____ Date: _____

If person receiving vaccine is under 18, please print name and relationship of person providing consent:

Name (please print); _____ Relationship to Minor: _____

*As of 10/8/2009, two (2) doses of H1N1 vaccine are required for children 6 months through 9 years of age.

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route/Site	Dose # 1 or 2*	Vaccine Manufacturer	Lot Number	Staff Signature
2009 H1N1		IM (circle) R A L A R L L L				