

Northeast Pediatrics and Adolescent Medicine Seasonal Influenza and Novel H1N1 Vaccination Consent

Section 1: Information about Child to Receive Vaccine (please print)

Patient Name (Last)		(First)	(M.I.)	Patient Date of Birth month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	Patient Age	Patient Gender M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
Primary Insurance:			Primary Care Physician:		

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 seasonal influenza vaccine, please tell us the number of doses and approx. dates of vaccination.

- Dose 1 Date received: month ____ day ____ year _____ Form (please circle): nasal spray injection
- Dose 2 Date received: month ____ day ____ year _____ Form (please circle): nasal spray injection

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and approx. dates of vaccination.

- Dose 1 Date received: month ____ day ____ year _____ Form (please circle): nasal spray injection
- Dose 2 Date received: month ____ day ____ year _____ Form (please circle): nasal spray injection

A. For both the seasonal influenza vaccine and the 2009 H1N1 influenza vaccine, there are 2 kinds of vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine your child can get.

	YES	NO
1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month ____ day ____ year _____	•	•
2. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	•	•
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	•	•
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	•	•
5. Has your child had a fever (>100.4F) or respiratory symptoms within the last 24 hours?	•	•
6. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant or who is being treated for cancer)?	•	•

A "YES" to any of the above questions indicates that seasonal influenza and H1N1 vaccination should be give by injection as recommended by CDC guidelines.

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for both the 2009 Influenza vaccine and the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I give consent to Northeast Pediatrics and Adolescent Medicine and its staff to administer to my child the **2009 Seasonal Influenza Vaccine**

Parent/Guardian Signature: _____ Date: _____

I give consent to Northeast Pediatrics and Adolescent Medicine and its staff to administer to my child the **2009 H1N1 Influenza Vaccine**

Parent/Guardian Signature: _____ Date: _____

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	<ul style="list-style-type: none"> • IM • Intranasal 		Sanofi Medimmune		
Seasonal Flu	/ /	<ul style="list-style-type: none"> • IM • Intranasal 		Sanofi Medimmune		