

**Northeast Pediatrics and Adolescent Medicine**  
**Seasonal Influenza and Novel H1N1 Vaccination Consent**  
**(Under 3 years)**

**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: <b>asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?</b>	•	•
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 <b>close contact</b> 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.**

**Use of Thimerosal in Multi-Dose H1N1 vaccine**

**• I have been offered counseling regarding the use of Thimerosal as a preservative in some injectable forms of the H1N1 vaccine and my questions have been appropriately answered and/or resources offered to me.**

**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"> <li>• IM</li> <li>• Intranasal</li> </ul>		Sanofi Medimmune		
Seasonal Flu	/ /	<ul style="list-style-type: none"> <li>• IM</li> <li>• Intranasal</li> </ul>		Sanofi Medimmune		