

Tri-Town Boards of Health (Boxford, Middleton, Topsfield) Screening Questionnaire and Consent form for H1N1 Vaccination

Please answer all questions on the entire form, if you are not clear on how to answer one of the questions, please ask for help:

PATIENT NAME (Last)	(First)	(M.I.)	DATE OF BIRTH	
ADDRESS	TOWN	ZIP	AGE	GENDER M F
PHONE NUMBERS				
Home	Work	Cell		

Have you already received H1N1 vaccine? No Yes If yes, fill in the following information:

Date of H1N1 Vaccination: _____ Where vaccinated: _____ Type of H1N1 Vaccine (circle): nasal mist injection

Health History Questions:

	YES	NO
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a serious allergy to gentamicin, neomycin, polymixin or gelatin?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a serious latex allergy?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you allergic to thimerosal (a preservative found in vaccines)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any of the following chronic health conditions: asthma, cancer, diabetes, metabolic/endocrine disease, disease of the lungs, heart, kidneys, liver, nerves or blood?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a weakened immune system?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have close contact with a person who has a weakened immune system and requires care in a protected environment (for example, cancer or a recent bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you pregnant? _____ If so, how many weeks?	<input type="checkbox"/>	<input type="checkbox"/>

Informed Consent for Vaccination:

I have reviewed the Vaccination Information Sheet from the Centers of Disease Control and Prevention. I have had the opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the H1N1 vaccine. I request that the vaccine be given to me today.

Signature of Patient

Date

Signature of Person Reviewing Screening Form

Date

Please do not write below this line. For vaccinator's use only:

Vaccine Name: H1N1
Dose #: 1 or 2
Vaccine Manufacturer:
Vaccine Lot Number:
Vaccine Exp. Date:

*Dose Given in mL: 0.2 (nasal) 0.25 (inj.) 0.5 (inj.)
*Route Given: Intranasal Intramuscular
*Site Given: Intranasal
RA=Right Arm RL=Right Leg
LA=Left Arm LL=Left Leg

*Vaccine Administrator Initials: _____

Influenza A (H1N1) 2009 Monovalent Vaccine Dosage Chart

Inactivated, Injectable Influenza Vaccine

Manufacturer	Age	Dose–Presentation	Number of Doses	Route–Site
sanofi pasteur	6 through 35 months ¹	0.25 mL–prefilled syringe ¹	2 ²	Intramuscular ³
	36 months and older	0.5 mL–prefilled syringe	1 or 2 ²	
	6 months and older	Dose per age–multidose vial		
Novartis Vaccine	4 years and older	0.5 mL–multidose vial	1 or 2 ²	Intramuscular ³
		0.5 mL–prefilled syringe		
CSL	18 years and older	0.5 mL–prefilled syringe	1	Intramuscular ³
		0.5 mL–multidose vial		

¹ Children age 6 through 35 months should receive 0.25 mL vaccine per dose. Children age 36 months through adults should receive 0.5 mL vaccine per dose. See footnote 2 to determine number of doses.

² Based on currently available information, children 6 months through 9 years who are receiving injectable influenza A (H1N1) 2009 Monovalent vaccine should receive two doses of vaccine separated by approximately 4 weeks.

³ Children 6 months through 2 years of age should be vaccinated in the anterolateral aspect of the thigh. Older children and adults should be vaccinated in the deltoid muscle if muscle mass is adequate. The anterolateral aspect of the thigh may be used as an alternate.

Live Attenuated Nasal Spray Influenza Vaccine (LAIV)

Manufacturer	Age	Dose–Presentation	Number of Doses	Route
MedImmune	2 through 49 years if healthy and non-pregnant	0.2 mL–Spray ½ of dose into each nostril as indicated on the syringe.	1 or 2 ⁴	Intranasal

⁴ Based on currently available information, healthy children 2 through 9 years of age who are receiving live attenuated influenza A (H1N1) 2009 Monovalent vaccine should receive two doses separated by approximately 4 weeks.

For more information call **800-CDC-INFO** (800-232-4636) Website www.cdc.gov/flu

