



H1N1 Influenza Consent Form

I have read the information about the H1N1 influenza virus and vaccine. I believe I understand the benefits and risks of H1N1 influenza vaccine and request the vaccine be given.

INFORMATION ABOUT THE PERSON TO RECEIVE THE VACCINE:

Name: _____

Street Address: _____

City, State, Zip _____

Date of Birth _____ Age _____

Do you have an allergy to eggs? _____ Yes _____ No

Are you sick or feeling poorly today? _____ Yes _____ No

I understand the Winnebago County Health Department is authorized to document the information, in a central registry, to track vaccine administration and provide accountability records to the proper governmental agency. All records are maintained confidentially and in accordance with HIPAA.

X Signature _____

A copy of the "Joint Notice of Privacy Practices" for the Winnebago County Health Department is available upon request.

For Clinic Use

Immunization Record

DATE _____

Mfgr. _____

Lot # _____ Exp. Date _____

Site of Injection: LA RA