

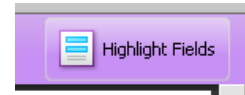
INSTRUCTIONS

2009 H1N1 FLU VACCINE ADMINISTRATION RECORD

Completing this PDF form provides readable information to the people who will use it.

Forms for minors MUST be signed by a parent or legal guardian. Minors must be accompanied by an adult when they are vaccinated.

1. Download and save this document, then open it with the free Adobe Acrobat Reader.
2. In the menu of Adobe Acrobat Reader, select “Forms”, then “Highlight Fields”, or click this button to make the fields easier to see.
3. Please use all UPPER CASE characters.
4. **Print the completed form (page2), sign and date it, and bring it with you to the clinic.**
5. To print, use the “Print and pre-register” button on the form to start the printing process. The form itself is page 2.



Some of the information from the 2009 H1N1 Vaccine Administration Form will be entered into a permanent vaccination record in the Wisconsin Immunization Registry (WIR), an internet-based, secured database that is provided by the State of Wisconsin at no cost to private health care providers and public health departments. WIR was developed to help direct providers of patient care (and also patients and parents of minors) to stay on track for recommended immunizations. For more information, or to obtain on-line access to your own records, please visit <https://www.dhfwir.org/>.

2009 H1N1 FLU VACCINE ADMINISTRATION RECORD

The confidentiality of shared information is protected under state and/or federal law. Health Department records are subject to Wisconsin State Statutes, including but not limited to, Wisconsin State Stats 146.81-83, 51.30, 146.025. Since information in the Health Department records is protected under these statutes, only information that is permissible to be released will be released. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with the vaccinated person's care.

LAST Name	FIRST Name	M.I.	Gender Male Female
Address		Age	Date of Birth (MM/DD/YYYY) / /
City	State	Zip	Phone Number () -

<u>Do you have:</u>		
1. Do you have a serious allergy to eggs?	Yes	No
2. Do you have any other serious allergies? Please list _____	Yes	No
3. Have you ever had a serious reaction or allergic response to past flu vaccinations?	Yes	No
4. Have you ever had Guillian Barre's syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	Yes	No

There are two types of 2009 H1N1 influenza vaccine (Injectable or Nasal). Your answers to the following questions will help us know which of the two kinds of vaccine you can get.

5. Have you been vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: _____	Yes	No
6. Do you have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	Yes	No
7. Are you on long-term aspirin-containing therapy (for example, do you take aspirin every day)?	Yes	No
8. Do you have a weak immune system (for example, from HIV, cancer, or medications such as steroids)?	Yes	No
9. Are you pregnant?	Yes	No
10. Do you have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	Yes	No

CONSENT FOR VACCINATION:

The above noted information is accurate to the best of my knowledge. 2009 – 2010 H1N1 Influenza vaccine information statement(s) have been provided to explain the benefits and risks of the vaccine. I have read and fully understand the benefits and risks of the H1N1 influenza vaccine and am the person to receive the vaccine or authorized to make the request (Parent, Guardian or Healthcare Power of Attorney) for the above named individual to receive the vaccine.

Signature **X** _____ Date _____

Authorized signer:

First Name	M.I.	Last Name	Relationship to Person Receiving Vaccine
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----- Office Use Only -----

Manufacturer / Lot #:	Dosage: 0.25 mL 0.5 mL
Site of Injection: RIGHT / LEFT Deltoid / Vastus Lateralis	Route: Intranasal
Signature of Vaccine Administrator:	Date: