



**You MUST bring this form to the clinic. Location: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_**

**Larimer County Health Dept. - H1N1 Influenza Vaccine Consent Form**

First Name:	Last Name:	Age:	Date of Birth:
E-mail:		Phone #:	
Medicaid #: (if on Medicaid)		Allergies:	

**Check The Box That Applies:**

- 1. Has this person ever had an allergic reaction to eggs?  NO  YES
  - 2. Has this person ever had an allergic reaction to Thimerosal?  NO  YES
  - 3. Has this person ever had an allergic reaction to a flu shot?  NO  YES
  - 4. Does this person have a history of Guillain-Barré Syndrome?  NO  YES
  - 5. Does this person live with or care for a child under 6 months of age?  NO  YES
  - 6. Is this person pregnant?  Not Applicable  NO  YES
  - 7. Is this person a health care worker?  NO  YES
  - 8. Is this person an emergency medical services (EMS) worker?  NO  YES
  - 9. Does this person have heart disease or stroke (except high blood pressure)?  NO  YES
  - 10. Does this person have a chronic health condition such as asthma, diabetes, or kidney disease?  NO  YES
  - 11. Does this person have a neuromuscular or neurological condition such as multiple sclerosis, seizure disorder, epilepsy, cerebral palsy, etc ?  NO  YES
  - 12. Does this person have a condition that weakens the immune system, such as cancer or HIV?  NO  YES
  - 13. Does this person have a blood disorder such as sickle cell anemia?  NO  YES
  - 14. Does this person want the nasal spray flu vaccine? (For healthy people age 2- 49 years of age. Note that nasal spray vaccine may be restricted or unavailable).  NO  YES
- If yes, has this person received any other vaccines in the last 30 days?  NO  YES  
Date vaccine was received: \_\_\_\_\_

**FOR CHILDREN ONLY:**

- 15. Has this child already received a first dose of H1N1 (swine) flu vaccine?  NO  YES  
Date: \_\_\_\_\_ Shot  Nasal Spray
- 16. Is this child on long term aspirin therapy?  NO  YES

**TO BE COMPLETED THE DAY OF THE CLINIC:**

- 17. Are you feeling ill today?  NO  YES

I have read or had explained to me the information on the vaccine information statement form about influenza and influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me or to the person named above for whom I am authorized to make this request.

I have reviewed and agree to the LCDHE consent for the purposes of treatment, payment and health care operations.

Signature:	Date:
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**DO NOT WRITE BELOW THIS LINE**

Manufacturer/Lot #:	Site: RT LT RA LA Nasal	Dose: 0.25cc I.M. 0.50cc I.M. 0.1cc/nostril	Date: ____/____/____ Vaccinator Signature:
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## Instructions for “Larimer Fights the Flu” clinics

- Adults and children getting shots - please wear a short sleeve shirt as your bottom clothing layer or a shirt with sleeves that can be easily rolled up above the shoulder. Infants and toddlers should wear something that gives easy access to their upper thigh.
- Please eat something before you come to the clinic. People who haven't eaten all day are more likely to feel faint when they get a shot.
- The document you printed out when you registered and/or that was e-mailed to you is your “ticket” to the vaccination clinic and consent form.
- You must bring your printed pre-registration ticket with you to be admitted to the clinic. If you were unable to print your pre-registration form you must have your registration confirmation ID number (on the top of the form to the right of the “zebra-stripe” code.) Adults should bring driver's license or photo ID with proof of residence in Larimer County. Health care workers in Larimer county, please bring work ID.
- Please arrive during the 15-minute appointment period specified on your pre-registration ticket. **DO NOT COME EARLY.** If you come at another time we may not be able to admit you into the clinic.
- Children under 18 must have a **parent or guardian** sign the consent in order to be vaccinated. Other adults or relatives may not give consent for a child under 18.
- Children/adolescents under 18 must be accompanied by a responsible adult.
- If you or your child has received any other immunizations in the past 30 days please bring your/ your child's immunization record to the clinic.
- If you are ill with flu like symptoms please stay home. These clinics are for H1N1 vaccinations only. There will be no medical care available for people with flu like illness.

Note that these flu vaccines are made by several different companies, and approved for several different age ranges. There is a chance that the vaccination clinic may not have the type of vaccine preferred or required for you or your child at your appointment date and time.

We'll do our best to give you your preferred option, but it's possible that the right vaccine type for each situation may not be available for every appointment slot. We have no control over which vaccines we receive, nor which vaccines the people seen earlier in the day will need.

**Please accept our sincere apologies if we are unable to vaccinate you.**