

2009-2010 Vaccine Administration Record

Information about the person to receive vaccine (please print): ***Required Fields**

Name: (Last, First, MI)*		DOB: (MM/DD/YY)*	Sex: (Circle)* M F
Address:*			
City:*	State:*	Zip:*	Phone:* ()

INSURANCE INFORMATION: *Include the prefix and suffix with the insurance ID number, if applicable.*

Insurance Company:*	Member ID #:*	Group ID #:
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If Patient is not the Subscriber, please complete the following:

Subscriber's Name: (Last, First, MI)*		Subscriber's DOB:	Sex: (Circle)* M F
Subscriber's Address:* <i>(If different from address above)</i>			
City:*	State:*	Zip: *	Phone:* ()
Patient Relationship to Subscriber:* (Circle) Spouse Child Other			

OTHER INSURANCE INFORMATION: *Include the prefix and suffix with the insurance ID number, if applicable.*

Insurance Company:*	Member ID #:*	Group ID #:
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I give permission for my insurance company to be billed.

X _____
(Signature of patient, parent or legal guardian)

Date: _____

For Clinic/Office Use: Contact Person: _____ Phone Number: _____

Vaccine Name: * (Circle)	Vaccine Manufacturer	Vaccine Lot Number:	Date Vaccine Administered:*	Vaccine Type: * (Circle)	Injection Site: * (Circle)	Injection Route: * (Circle)
H1N1	SanofiPasteur	UP107AA Exp.6/9/11		Dose #1	Right Arm	Intramuscular
Seasonal Influenza				Dose #2	Left Arm Right Leg Left Leg	Intranasal

Clinic Site Name: Haverhill Board of Health Site PIN# : 10640
Clinic Address: 4 Summer Street, Room 206 Haverhill, Ma. 01830 Vaccine Administrator: _____

Date Vaccine Information Statement (VIS) given: _____ Date on VIS: 10/ 02/09

Signature of Vaccine Administrator: _____ Date: _____

Section 2: Screening for Vaccine Eligibility

If the person receiving vaccine has already been vaccinated with 2009 H1N1 flu vaccine, please tell us the number of doses and dates of vaccination.

†Dose 1 Date received: month ____ day ____ year ____ Form (please circle): nasal spray shot
 †Dose 2 Date received: month ____ day ____ year ____ Form (please circle): nasal spray shot

The following questions will help us to know if the person receiving vaccine can get the 2009 H1N1 flu vaccine. Please mark YES or NO for each question.

A. If you answer "YES" to one or more of the four questions, you will not be able to receive the 2009 H1N1 flu vaccine unless there is a note from your health care provider approving the vaccination. If you answer "NO" to the following questions you will receive the vaccine unless a concern arises following additional screening. If you are not sure of the answers to these questions, please check with your healthcare provider.

	YES	NO
1. Does the person receiving vaccine have a serious allergy to eggs?	<input type="radio"/>	<input type="radio"/>
2. Does the person receiving vaccine have a serious allergy to gentamicin, neomycin, polymixin or gelatin?	<input type="radio"/>	<input type="radio"/>
3. Has the person receiving vaccine ever had a serious reaction to a previous dose of flu vaccine?	<input type="radio"/>	<input type="radio"/>
4. Has the person receiving vaccine ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="radio"/>	<input type="radio"/>

List other serious allergies: _____

Section 3: Consent

CONSENT FOR VACCINATION:	
I have read or had explained to me the 2009-2010 Vaccine Information Statement for the H1N1 influenza vaccine and understand the risks and benefits.	
I GIVE CONSENT for my child or myself named at the top of this form to get vaccinated with this vaccine. Children younger than 10 years of age need 2 doses of vaccine. (If this consent is not signed, then my child will not be vaccinated.)	
Signature of Person receiving vaccine or Parent/Legal Guardian _____	
Date: month ____ day ____ year ____	

PLEASE BE SURE TO READ AND SIGN THE REVERSE SIDE OF THIS FORM

PERMISSION TO SHARE H1N1 VACCINE INFORMATION

I, _____, give permission to the individual and/or entity that
 (Print your name)
 administered the 2009H1N1 vaccine to myself or my child _____ to share copies of the 2009 H1N1 vaccination record with my child's school and health care provider named below, as well as with the Massachusetts Department of Public Health and the local board of health in my community. I also give permission for each of these entities to share the 2009 H1N1 vaccination record with each other.

My or my child's health care provider: My child's school (if applicable)
 Name: _____ Name: _____
 Address: _____ Address: _____ (at a minimum include Town)

- This health information is disclosed at my request and to ensure my child is appropriately vaccinated.
- This permission expires one year from the signature date.
- If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information received may no longer be protected by federal privacy regulations. State privacy regulations cover information received by the MA Department of Public Health and local boards of health.
- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my child's ability to obtain the vaccination.
- I understand that I may inspect or copy the protected health information to be disclosed under this permission to share.
- Finally, I understand that I may withdraw this permission in writing at any time by sending written notification to:

(School/institution/individuals handling withdrawals MUST insert name and address above.)

However, if I withdraw permission at a later date, any vaccine record already shared will not be covered by the withdrawal.

 Printed name of Person receiving vaccine or Parent/ Guardian Signature

 Address Date

2009 H1N1 INFLUENZA VACCINE

INACTIVATED (the “flu shot”)

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (also called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.
- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want to be protected against seasonal flu.*

Inactivated vaccine (vaccine that has killed virus in it) is injected into the muscle, like the annual flu shot. **This sheet describes the inactivated vaccine.**

A **live, intranasal** vaccine (the nasal spray vaccine) is also available. It is described in a separate sheet.

Some inactivated 2009 H1N1 vaccine contains a preservative called thimerosal to keep it free from germs. Some people have suggested that thimerosal might be related to autism. In 2004 a group of experts at the Institute of Medicine reviewed many studies looking into this theory, and found no association between thimerosal and autism. Additional studies since then reached the same conclusion.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccine becomes available, these groups should also be vaccinated:

- Healthy 25 through 64 year olds
- Adults 65 years and older

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 flu vaccine if you have a **severe (life-threatening) allergy to eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

Also tell them if you have ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain Barré Syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Pregnant or breastfeeding women can get inactivated 2009 H1N1 flu vaccine.

Inactivated 2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

6 What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

Mild problems:

- soreness, redness, tenderness, or swelling where the shot was given
- fainting (mainly adolescents)
- headache, muscle aches
- fever
- nausea

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS.

7 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at: <http://www.hrsa.gov/countermeasurescomp/default.htm>.

9 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
- Visit the web at <http://www.flu.gov>



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

