



Novel H1N1 Vaccine Consent Form

To be used only when consenting for **self** or for **other (when consenting adult is present)**

I have received, read, and understand the **Novel H1N1 Vaccine Information Statement (VIS)**.
I have had a chance to ask questions and discuss my concerns with a healthcare professional.
I acknowledge receipt of the "Notice of Privacy Practices".

Information about person to receive vaccine (Please Print)		
Name:	_____	_____
	<i>Last</i>	<i>First</i>
		<i>MI</i>
DOB:	_____	Gender: _____
		<i>(M or F)</i>
Race:	_____	
Medicaid #:	_____	
Address:	_____	_____
	<i>Street</i>	<i>City</i>
	_____	_____
	<i>County</i>	<i>State</i>
		<i>Zip</i>
Telephone #:	_____	Cell #: _____

If consenting for self

I, _____, (*please print name*), consent to receive the Novel H1N1 vaccine.

Print Name

Signature

Date

OR

If consenting for another, e.g. minor child

I, _____, (*please print name of consenting adult*) have the following relationship with the person named above (*please check relationship to other person or minor child*).

- | | | | |
|--------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Adult Aunt | <input type="checkbox"/> Adult Brother | <input type="checkbox"/> Adult Sister | <input type="checkbox"/> Adult Uncle |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |

I have the legal authority, based on my relationship to the person indicated above, to consent to this vaccine administration for the child identified above.

Print Name

Signature

Date

For Office Use Only

_____	_____	_____
Date of Vaccination	Vaccine Type	Lot Number
_____	_____	_____
Administered By	Title	