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H1N1 Vaccine Administration Record (VAR) Informed Consent for Vaccination

Section A Please print clearly.

Home Phone, Date of Birth, Age, Gender, First Name, MI, Last Name, Home Address, City, State, Zip Code, E-mail Address, Primary Care Physician Name, Physician Phone, Primary Care Physician Address, City, State, Zip Code

Check Payment Method: Cash, Medicare/Medicaid, Insurance. Check Requested Vaccine: H1N1 Shot, H1N1 Nasal Spray. If patient is 2 to 9 years old, please check if this is for: 1st Dose, 2nd Dose. Please check the appropriate box: Pregnant, Guardian living with children, Health Care Personnel, 2 to 24 years old, 25 to 64 years old with chronic medical conditions, General Population.

Section B

Table with 4 columns: Question, Yes, No, Don't Know. Rows include screening questions for ALL VACCINES (1-5) and LIVE VACCINES (6-14).

Section C

I certify that I am: (I) the Patient and at least 18 years of age; (II) the parent or legal guardian of the minor as required by state law; or (III) the legal guardian of the Patient. Further, I hereby give my consent to the health care provider indicated below in Section D to administer the vaccine(s) I have requested above.

Signature: _____ Date: _____

Person Receiving Vaccine (or Parent or Guardian, if recipient is a minor)

Section D (HEALTH CARE PROVIDERS ONLY) The following section is to be completed by the health care provider only.

Immunizer Name (print): _____ RPh/PharmD/RN/LPN/LVN/NP/PA Immunizer Signature: _____ RPh/PharmD/RN/LPN/LVN/NP/PA
Intern Name (if applicable): _____ Vaccine Administration Date: _____ Date VIS Given to Recipient: _____
If yes was answered to any screening questions, please explain eligibility for vaccine: _____

Table with 8 columns: Vaccine, Lot #, Exp Date, Manufacturer, Dosage, Circle Site of Injection, VIS Date, Date PNL Sent. Rows include Inactivated H1N1 (24 mo- 35 mo) and H1N1 Live attenuated influenza nasal spray.

*Health care providers can be an immunization certified pharmacist, registered nurse, licensed practical nurse, licensed vocational nurse, nurse practitioner or physician assistant.