

Adult Screening and Immunization Documentation Form

2009 H1N1 Influenza Monovalent Vaccination Program

The following questions will help us determine if we should give you the intranasal or the injectable influenza vaccination today. If you answer "yes" to any question, we will ask additional questions to determine which vaccine, if any you will receive. Please speak to your healthcare provider, if you have any questions.

Circle answers to questions 1-13:

1	Are you 49 years of age or younger?	No	Yes
2	Have you received the 2009-2010 Seasonal Influenza vaccine?	No	Yes
3	Do you currently feel sick or have a fever?	No	Yes
4	Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours?	No	Yes
5	Are you pregnant or planning to become pregnant in the next month?	No	Yes
6	Have you ever had a serious reaction to a flu vaccine?	No	Yes
7	Do you have an allergy to any of the following: eggs, chicken or egg protein, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde, or other vaccine components?	No	Yes
8	Do you have a chronic health problem such as: heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	No	Yes
9	Do you have an active neurological disease?	No	Yes
10	Do you have a history of Guillain-Barre Syndrome (GBS)?	No	Yes
11	Has your doctor ever told you that you have an immune system disorder? Are you taking long-term steroid treatment or immunosuppressants?	No	Yes
12	Do you have HIV, AIDS, cancer, or have you received an organ transplant?	No	Yes
13	Do you live with or have close contact with severely immunocompromised individuals or someone who must be in a protective environment (such as transplant recipients)?	No	Yes
14	Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks?	No	Yes

15 If you are 49 years of age or younger please list below all of the medications you are currently taking (for medication reconciliation):

"I have read or have had explained to me the information in the 2009 H1N1 Influenza Monovalent Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."

Signature: _____ Date: _____

Below to be completed by healthcare provider

<input type="checkbox"/> Give injectable H1N1 flu vaccine today <input type="checkbox"/> Give intranasal H1N1 flu vaccine today <input type="checkbox"/> Do not administer H1N1 flu vaccine today	Vaccine Information Statement provided (check box) <input type="checkbox"/> Inactivated, H1N1 Influenza Monovalent Vaccine <input type="checkbox"/> Live, H1N1 Influenza Monovalent Vaccine		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border: none;">Interviewer's Signature</td> <td style="width: 20%; border: none;">Date</td> </tr> </table>	Interviewer's Signature	Date
Interviewer's Signature	Date		

Vaccine Administered

<input type="checkbox"/> Live Intranasal H1N1 Influenza (MedImmune) Lot # _____ Dose: 0.2 ml Route: Intranasal	<input type="checkbox"/> Inactivated H1N1 Influenza (Sanofi-Pasteur) Lot # _____ Dose: 0.5 ml Route: IM Left/Right Deltoid		
<input type="checkbox"/> Inactivated H1N1 Influenza (CSL) Lot # _____ Dose: 0.5 ml Route: IM Left/Right Deltoid	<input type="checkbox"/> Inactivated H1N1 Influenza (Novartis) Lot # _____ Dose: 0.5 ml Route: IM Left/Right Deltoid		
Name: DOB: SSN:	Administered by: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border: none;"></td> <td style="width: 20%; border: none;">Date</td> </tr> </table>		Date
	Date		