

H1N1 Influenza Vaccine ADMINISTRATION RECORD (NO third party billing)

LHD name: _____
LHD address: _____

Offsite location: _____

NAME: _____

ADDRESS: _____
STREET CITY COUNTY STATE ZIP

BIRTHDATE: ____/____/____ PHONE NUMBER: _____
MONTH DAY YEAR

RACE: (Check ONE or MORE) (W) White (B) Black or African American (N) American Indian or Alaska Native
 (A) Asian (H) Native Hawaiian or Other Pacific Islander ETHNICITY: Hispanic or Latino (Y) Yes or (N) No

SEX: (Check ONE) Male Female

The health department may keep this record in a medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the vaccine injection site, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

I am not responsible for any charges for the H1N1 influenza vaccine or administration.

"I have read or have had explained to me the 2009-2010 Vaccine Information Statement (VIS) and understand the risks and benefits for the: (Check one box)

- () 2009-2010 *Inactivated H1N1 influenza vaccine, (VIS dated 10/2/09)*
() 2009-2010 *Live, Intranasal H1N1 influenza vaccine, (VIS dated 10/2/09)*

X _____ DATE: _____
Signature of person to receive vaccine or person authorized to make the request (parent or legal guardian)

FOR HEALTH DEPARTMENT USE ONLY

Vaccine Manufacturer: _____ Vaccine Lot Number: _____

Injection Site: _____

Signature and Title of Provider: _____ Provider# : _____

NOTES: _____

_____ Dose 1 _____ Dose 2