



Charlie Crist  
Governor

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State Surgeon General

### 2009 H1N1 Influenza Vaccine Consent Form

ONLY for November 18 Vaccine Clinics at Bratt Elementary and Byrnesville Elementary

Name of child receiving vaccination: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: M  F  Race:  White  Black  Hispanic  Asian

American Indian or Alaskan Native  Multi-Racial  Not Known

School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Is your child covered by Medicaid? YES NO Medicaid Number: \_\_\_\_\_

Please circle YES or NO to the questions below: (If you answer YES to one or more of questions 1-3, your child will not be given the H1N1 vaccine at school. Please contact your private physician with any questions.)

- 1. Is your child allergic to eggs, egg protein, Gentamycin, gelatin, or arginine? YES NO
- 2. Has your child had a life-threatening reaction to a previous flu vaccination? YES NO
- 3. Has your child ever had Guillain-Barre syndrome? YES NO

**If your child is under 10 years of age, a second dose is recommended to be given in one month. At that time, the nurse will return to the school to administer the second dose.**

- 4. Is your child under 10 years of age? YES NO
- 5. Has your child had a **2009 H1N1 flu vaccine** before? YES NO  
Date of prior H1N1 flu vaccination: \_\_\_\_\_

**If you wish for your child to receive the 2009 H1N1 Influenza vaccine, please sign your consent on back of this form.**

## Consent for 2009 H1N1 Influenza Vaccination

I have received, read, and understand the **2009 H1N1 Vaccine Information Statement (VIS)** (see attached). I have had a chance to ask questions and discuss my concerns with a physician or other healthcare professional. I request and voluntarily consent that 2009 H1N1 Influenza vaccine be given to \_\_\_\_\_ of whom I am the parent or legal guardian, and for a second dose to be given in one month as recommended. I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the side effects and warnings of the vaccine. I acknowledge receipt of the Department of Health privacy practices available online at: [http://www.doh.state.fl.us/planning\\_eval/HIPAA/index.html](http://www.doh.state.fl.us/planning_eval/HIPAA/index.html).

I also give consent to the Escambia County Health Department to bill Medicaid for the administration of this vaccine and to maintain possession of this form for data entry purposes and storage according to the Florida Department of Health storage and retention policy.

Printed Name of Parent/Legal Guardian \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I have the following relationship with the child named above (please check appropriate box).

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

I have the legal authority, based on the relationship to the child as indicated above pursuant to s. 743.0645, F.S., to consent to this vaccine administration for the child named above.

**Do Not Write Below This Line**

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**For Department of Health Personnel Use Only**

**Dose I**

Vaccine Type	Date Given	Route	Provider	MFG. /Lot#
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Flu		IM		
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**Dose II**

Vaccine Type	Date Given	Route	Provider	MFG. /Lot#
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Flu		IM		
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# 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 [www.immunize.org/vis](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 [www.vaers.hhs.gov](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: [www.hrsa.gov/countermeasurescomp/default.htm](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 [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu) or [www.cdc.gov/flu](http://www.cdc.gov/flu)
- Visit the web at [www.flu.gov](http://www.flu.gov)



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