

Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Patient name: \_\_\_\_\_  
Last

\_\_\_\_\_  
First

Children 6 months – 35 months of age.

Is your child allergic to eggs? \_\_\_\_\_

Has your child had any adverse reaction to vaccines? \_\_\_\_\_

Is your child currently ill or had a fever in the past 48 hours? \_\_\_\_\_

Has your child had Guillain – Barre syndrome? \_\_\_\_\_

“I have read or have had explained to me information about the indicated vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the indicated vaccine be given to me or the named person for whom I am authorized to make the request.”

Sticker here

Site given:

LA RA

LL RL

Signature of vaccine admin:

\_\_\_\_\_

Signature of parents:

\_\_\_\_\_

**H1N1 Vaccine – Injectable – 0.25**