

H1N1 Influenza Vaccine Screening

CIRCLE

- | | | |
|---|-----|----|
| 1. Do you have a fever today? | Yes | No |
| 2. Do you have a history of Guillain-Barré Syndrome? | Yes | No |
| 3. Are you allergic to eggs, egg products, or chicken proteins? | Yes | No |
| 4. Are you allergic to thimerosal (mercury derivative)? | Yes | No |
| 5. Have you had a flu shot before? | Yes | No |
| If yes, please explain any reactions? _____ | | |
| 6. Have you had an allergic reaction to any vaccines in the past? | Yes | No |
| If yes, explain: _____ | | |

Consent

I have read or have had explained to me the Vaccine Information Statement about H1N1 influenza and the H1N1 influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of receiving the influenza vaccine. I hold Creighton University and its employees harmless for any side effects of harm, which I may associate with this vaccine, or the administration of this vaccine.

PLEASE PRINT:

Last Name: _____ First Name: _____

Department: _____ ☐ House staff

Signature: _____ Date: _____

(FOR USE BY VACCINATION TEAM ONLY)

Date Injection Given: _____

Drug: Influenza A (H1N1) 2009
Monovalent Vaccine

Expiration Date: _____

April 30, 2010

Signature: _____

Manufacturer: _____

Novartis

Lot#: _____

104040P1

Injection Site: _____

☐ Left Deltoid

☐ Right Deltoid

VIS Publication Date: _____

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