

H1N1 INFLUENZA VACCINE (SHOT) CONSENT/DECLINATION FORM

The H1N1 influenza vaccine is offered free of charge as a benefit to all employees, volunteers and students who qualify for vaccination based on CDC/APIC recommendations about who should get vaccinated this flu season. Please read all information on this form, complete all questions below, and check all that applies to you personally.

Name:		DOB:	
Unit assigned	School Name	Program	Instructor/Preceptor
H1N1 Vaccine		<input type="checkbox"/> Given opportunity to read Vaccine Information Sheet (VIS) for H1N1 Influenza Inactivated Vaccine (8/26/09)	
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you allergic to eggs or egg products?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you allergic to thimerosal (a preservative)?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever had an anaphylactic reaction to seasonal influenza vaccine (severe low BP or difficulty breathing)?	
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever had Guillain-Barré Syndrome within 6 weeks of taking the flu shot?	
<input type="checkbox"/>	<input type="checkbox"/>	5. I am ill today and have a fever.	

If you have had recent chemotherapy, radiation, or steroids (except inhaled), these conditions may decrease the effectiveness of the vaccine. However, flu vaccination is still encouraged. A **H1N1 Flu shot** is recommended for any woman who will be breastfeeding or pregnant during the influenza season. Vaccination can occur in any trimester.

- I have had a H1N1 flu vaccine already this year. (Documentation required)**
- H1N1 flu vaccine was given by my primary care physician (Documentation required)**
- H1N1 flu vaccine was given at a local clinic. (Documentation required)**

Date vaccinated _____ **Provider/Facility** _____

No, I do not wish to have the H1N1 influenza vaccine given to me.

I realize I am eligible for the flu shot and that my refusal of it, **when offered**, may put patients, visitors, and family, with whom I have contact, at risk. By declining the flu vaccine, I realize that if I provide direct patient care within six feet of patients, I will have to wear a mask during the flu season. I understand that non-compliance with receiving the vaccine, refusal of wearing a mask or refusal to sign a declination will result in immediate exclusion of student or faculty member from the facility. Please indicate a reason for declining the vaccine

<input type="checkbox"/> Fear of side effects (sore arm, tenderness)	<input type="checkbox"/> Fear of getting influenza from the vaccine
<input type="checkbox"/> Fear of injections	<input type="checkbox"/> Religious beliefs
<input type="checkbox"/> Personal Choice	<input type="checkbox"/> Permanent contra-indications as listed above (#1-4)
<input type="checkbox"/> Other, <i>specify</i> _____	

I understand that refusal to receive the H1N1 vaccine or to wear a mask will result in:

- Immediate exclusion from the facility for two weeks.
- If after two weeks, I still refuse to comply with either masking or receiving the H1N1 vaccine I will be excluded from the facility for the duration of the flu season.

Student Signature _____ **Date:** _____

Official Use:

H1N1 Flu Vaccine #1

Manufacturer: _____ Lot Number: _____

Dose 0.5ml Injection site: L deltoid R deltoid

RN/LPN Signature _____

Date: _____