



**Okaloosa County Health Department
H1N1 Swine Flu Vaccination Consent Form**



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Client Information

Date of Birth:	Do you have any chronic diseases? <input type="checkbox"/> Y <input type="checkbox"/> N	Are you pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you have, or are you the caregiver for, children under the age of 6 months? <input type="checkbox"/> Y <input type="checkbox"/> N	
Age:	What? _____	(Females Only)		
Last Name		First Name		MI
Street Address				
City		State		Zip
Primary Contact Number			Alternate Contact Number	
Have you ever had a seasonal flu vaccine? <input type="checkbox"/> Y <input type="checkbox"/> N		Are you allergic to eggs? <input type="checkbox"/> Y <input type="checkbox"/> N		
Have you ever had a severe reaction to any vaccine? <input type="checkbox"/> Y <input type="checkbox"/> N		Have you had a fever of 100° or greater in the last 24 hours? <input type="checkbox"/> Y <input type="checkbox"/> N		
Have you had any vaccines, other than the H1N1 Swine Flu vaccine, in the past 30 days? <input type="checkbox"/> Y <input type="checkbox"/> N		Have you ever taken a medication that caused swelling of the mouth or throat, difficulty breathing or shock? <input type="checkbox"/> Y <input type="checkbox"/> N		
Have you taken Tamiflu or Relenza in the past 24 hours? <input type="checkbox"/> Y <input type="checkbox"/> N		Do you have any questions or concerns about the H1N1 Swine Flu vaccine? <input type="checkbox"/> Y <input type="checkbox"/> N		

I was given, read and understand the Vaccination Information Statement for H1N1 Swine Flu. I consent to receive the H1N1 Swine Flu vaccine. I understand the department's Notice of Privacy Practices is available at: www.HealthyOkaloosa.com. I also understand my vaccination will be recorded in the Florida SHOTS Immunization Registry.

Signature _____ Date _____

Do not write in this area. Staff use only.

LDT = Left Deltoid
 RDT = Right Deltoid
 LLT = Left Lateral Thigh
 RLT = Right Lateral Thigh
 IN = Intra-nasal

 LAIV = Live Att Intra-nasal Vaccine
 PF = Preservative Free

Vaccine Site	Formulation	
LDT	Sanofi Pasteur	0.25 ml PF
RDT	Novartis	0.50 ml PF
LLT	CSL	0.25 ml
RLT	LAIV	0.50 ml
IN	Lot #	
Vaccinator Initials: _____		