

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