

# Willowcreek Pediatrics in Draper

## H1N1 Consent

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

Patients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have received a copy and have read, or had explained to me, the information contained in the Vaccine Information Statement about the disease and vaccine. I understand the benefits and risks of the vaccine and request that H1N1 vaccine be given to me or the person whom I am authorized to make this request.

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

Relationship to Patient: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

| Immunization                   | Lot # | Site  | Dose           | Route | VIS    |
|--------------------------------|-------|-------|----------------|-------|--------|
| H1N1 Nasal Mist                | _____ | _____ | 0.2 cc         | IN    | Oct 09 |
| H1N1 Injectable PF             | _____ | _____ | 0.25 cc 0.5 cc | IM    | Oct 09 |
| <b>CSL GSK Novartis Sanofi</b> |       |       |                |       |        |
| H1N1 Injectable                | _____ | _____ | 0.25 cc 0.5 cc | IM    | Oct 09 |
| <b>CSL GSK Novartis Sanofi</b> |       |       |                |       |        |

Patient's Temperature \_\_\_\_\_

**Clinical Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_