

Adult Screening and Immunization Documentation Form 2009 H1N1 Influenza Monovalent Vaccination Program

The following questions will help us determine if we should give you the intranasal or the injectable influenza vaccination today. If you answer "yes" to any question, we will ask additional questions to determine which vaccine, if any you will receive. Please speak to your healthcare provider, if you have any questions.

Circle answers to questions 1-14:

1	Are you 49 years of age or younger?	No	Yes
2	Have you received the 2009-2010 Seasonal Influenza vaccine?	No	Yes
3	Do you currently feel sick or have a fever?	No	Yes
4	Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours?	No	Yes
5	Are you pregnant or planning to become pregnant in the next month?	No	Yes
6	Have you ever had a serious reaction to a flu vaccine?	No	Yes
7	Do you have an allergy to any of the following: eggs, chicken or egg protein, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde, or other vaccine components?	No	Yes
8	Do you have a chronic health problem such as: heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	No	Yes
9	Do you have an active neurological disease?	No	Yes
10	Do you have a history of Guillain-Barre Syndrome (GBS)?	No	Yes
11	Has your doctor ever told you that you have an immune system disorder? Are you taking long-term steroid treatment or immunosuppressants?	No	Yes
12	Do you have HIV, AIDS, cancer, or have you received an organ transplant?	No	Yes
13	Do you live with or have close contact with severely immunocompromised individuals or someone who must be in a protective environment (such as transplant recipients)?	No	Yes
14	Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks?	No	Yes

"I have read or have had explained to me the information in the 2009 H1N1 Influenza Monovalent Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."

Signature: _____ Date: _____

Below to be completed by healthcare provider (please complete bottom left corner)

<p>Give injectable H1N1 flu vaccine today</p> <p>Give intranasal H1N1 flu vaccine today</p> <p>Do not administer H1N1 flu vaccine today</p>	<p>Vaccine Information Statement provided (check box)</p> <p style="text-align: center;">Inactivated, H1N1 Influenza Monovalent Vaccine</p> <p style="text-align: center;">Live, H1N1 Influenza Monovalent Vaccine</p>		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: none;">Interviewer's Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Interviewer's Signature	Date
Interviewer's Signature	Date		

Vaccine Administered

<p>Live Intranasal H1N1 Influenza (MedImmune)</p> <p>Lot # _____</p> <p>Dose: 0.2 ml Route: Intranasal</p>	<p>Inactivated H1N1 Influenza (Sanofi-Pasteur)</p> <p>Lot # _____</p> <p>Dose: 0.5 ml Route: IM Left/Right Deltoid</p>
<p>Inactivated H1N1 Influenza (CSL)</p> <p>Lot # _____</p> <p>Dose: 0.5 ml Route: IM Left/Right Deltoid</p>	<p>Inactivated H1N1 Influenza (Novartis)</p> <p>Lot # _____</p> <p>Dose: 0.5 ml Route: IM Left/Right Deltoid</p>

<p>Complete the below legibly, please, (full SSN)</p> <p>Name:</p> <p>DOB:</p> <p>SSN:</p>	<p>Administered by:</p> <p style="text-align: right;">Date</p>
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If you're not ABSOLUTELY SURE that you've been seen or registered at Kenner Army Health Clinic

– please complete this portion

LAST NAME, FIRST NAME, M.I. _____

SPONSOR'S SSN: 20/_____ DOB _____

SEX (CIRCLE ONE) MALE FEMALE RANK _____

UNIT _____ UNIT PHONE _____

HOME ADDRESS: _____

LOCATION OF MEDICAL RECORDS _____

LIST ALL ALLERGIES AND SIDE EFFECTS SEEN: NO ALLERGIES _____

1. _____

2. _____

3. _____

DO YOU HAVE ANY OTHER HEALTH INSURANCE? ___ YES ___ NO

IF YES, PLEASE PROVIDE THE NAME OF THE HEALTH INSURANCE COMPANY _____

