



Linn County Public Health
 501 13th Street NW
 Cedar Rapids, IA 52405-3700
 Ph: (319) 892-6000 Fax: (319) 892-6099
www.linncounty.org or email health@linncounty.org



Name (Last)		(First)		(M.I.)	Date of Birth		
Address		City		State		ZIP	
Daytime Phone	Cell Phone	Grade	School	Age	Gender		
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PLEASE MARK YES OR NO FOR EACH QUESTION						YES	NO
Is the person named above currently ill?							
Has the person named above ever had anaphylactic reaction to eggs, thimerosal, or gentamicin or gelatin or arginine or neomycin or polymixin?							
Does the person named above have any other serious allergies? Please list:							
Does the person named above ever had a serious reaction to a flu shot/mist in the past?							
Has the person named above ever been diagnosed with Guillain-Barré Syndrome (a type of brief severe muscle weakness) within 6 weeks after getting a flu shot/mist?							
Has the person named above received the seasonal flu mist, H1N1 mist, H1N1 injection, or MMR/Varicella in the past 4 weeks?							
If so, list shots/mist and dates received:							
Does the person named above have any of the following: asthma, diabetes, or disease of the lungs, heart, kidneys, liver, nerves, or blood, or wheezed in the last 12 months?							
If the person named above is between 2 and 19, does he/she take aspirin every day?							
Does the person named above have a weak immune system (for example, from HIV, cancer, or medicines like steroids or those used to treat cancer)?							
Is the person named above pregnant?							
Does the person named above have close contact with a person who needs care in a protected place (for example, someone who has recently had a bone marrow transplant)?							
Has the person named above received influenza antiviral therapy within the last 48 hours?							
I understand that the person named above will receive H1N1 Intranasal Mist vaccine if he/she qualifies.							
I understand that the person named above will receive H1N1 Injectable vaccine if he/she does not qualify for the H1N1 Intranasal Mist vaccine.							
Priority Group (check one):							
<input type="checkbox"/> pregnant <input type="checkbox"/> people 6 months through 24 years <input type="checkbox"/> people who live with/care for those < 6 months <input type="checkbox"/> health care/EMS workers <input type="checkbox"/> 25 years through 64 years with chronic health conditions <input type="checkbox"/> healthy people 25 years through 64 years <input type="checkbox"/> people 65 years and older							
<ul style="list-style-type: none"> • I have read or had explained to me the 2009 H1N1 Influenza Vaccine Information Statement. • I understand the risks and benefits. 							
I also understand the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I have certain rights to privacy regarding my protected health information. The Notice of Privacy Practice has been made available to me, which explains those rights. A copy of the Notice of Privacy Practice can be obtained by contacting the Cedar Rapids Community School District .							
I GIVE CONSENT to Linn County Public Health for the person named above, to be vaccinated with H1N1 vaccine							
(for minors only)							
Signature:				Print Parent Name:		Date:	

FOR OFFICE USE ONLY								
Vaccine	Date Adm.	Route	Dose	Vaccine Manufacturer	Lot Number	Exp Date	Given By	VIS Date
2009 H1N1 1 st Dose 2 nd Dose		Intranasal	0.2 ml	MedImmune				10/02/09
2009 H1N1 1 st Dose 2 nd Dose		IM	0.5 ml	Novartis/ CSL				10/02/09