

**2009-2010 Influenza Consent and Reciprocal Notification Form for H1N1 Vaccination**



**Public Health Services**

CAPITAL HEALTH

If you have any questions, please call Public Health Services (481-5824) or your family doctor before you sign and return this consent form to the School.

**STUDENT INFORMATION**

Last Name: [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ][ ]  
 First Name: [ ][ ][ ][ ] [ ][ ][ ][ ]  
 Middle Initial: [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]  
 Phone Number: [ ][ ][ ][ ][ ] [ ][ ][ ] [ ][ ][ ]  
 YYYYY MM DD  
 Date of Birth  
 Postal Code: [ ][ ][ ][ ][ ]  
 NS Health Card Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Other Health Card #: [ ]  
 Male  Female  
 Transgender  Unknown

Has this student ever had a serious reaction to a vaccine?  Yes  No

Does this student have an allergy to eggs?  Yes  No

**CHECK (✓) ANY THAT APPLY: (for statistical purposes)**

Pregnant  chronic conditions  First Nations living on reserve

**Consent:**

I have read the Information Sheet on H1N1 and the Q&A on H1N1. I understand the benefits, risks and side effects of the H1N1 vaccine.

I declare that I am the parent or guardian who is able to give consent for the named student to receive this vaccination.

I **CONSENT** for the student to have the H1N1 vaccine.

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Name (Please print): \_\_\_\_\_

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

**Please note:**

If you **DO NOT** consent to the H1N1 vaccine please do not return this form. If you would like to find out more about this vaccine, you may:

- contact the student's family doctor
- call the provincial government's health information line, HealthLink, at 811
- or visit the following websites:  
[www.fightflu.ca](http://www.fightflu.ca)  
[www.gov.ns.ca/H1N1](http://www.gov.ns.ca/H1N1)  
[www.cdha.nshealth.ca/H1N1](http://www.cdha.nshealth.ca/H1N1)

**IMMUNIZATION DETAILS – TO BE COMPLETED BY PERSON ADMINISTERING VACCINE**

<b>Vaccine Administered</b>	<input type="checkbox"/> AREPANRIX™ (With Adjuvant)	<input type="checkbox"/> Influenza A (pH1N1) 2009 Monovalent (Without Adjuvant)
<b>Route</b>	IM	IM
<b>Site</b>	<input type="checkbox"/> (L) Deltoid <input type="checkbox"/> (R) Deltoid	<input type="checkbox"/> (L) Deltoid <input type="checkbox"/> (R) Deltoid
<b>Dosage</b>	<input type="checkbox"/> 0.5 ml	<input type="checkbox"/> 0.5 ml
<b>Lot Number Antigen</b>		
<b>Lot Number Adjuvant</b>		<i>Not applicable</i>
<b>Lot Number Shoebox</b>		<i>Not applicable</i>
<b>Date /Time Vaccinated</b>		
<b>Signature of Vaccinator</b>		
<b>Printed Name of Vaccinator</b>		
<b>School Name</b>		

