

**2009 H1N1 Nasal Spray Influenza Vaccine (LAIV) Consent Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Ever had complications as a result of an influenza vaccination?		
Allergic to eggs?		
Are you between the ages of 2 and 50 years of age?		
Are you healthy? Please see contraindications below.		
Pregnant or do you suspect you are pregnant?		
History of Gillian-Barre Syndrome?		
Is this a child or adolescent receiving aspirin therapy?		
Have you been ill in the past two weeks? Explain on line below		
Will you be in contact with someone with a severely weakened immune system?		

**\*\*\*Who should not be vaccinated with the 2009 H1N1 nasal-spray flu vaccine LAIV?**

Anyone less than 2 years of age or older than 50 years of age. Pregnant Women. Anyone with the following medical conditions: weakened immune systems, long term health problems such as heart or lung disease, asthma, kidney or liver disease, metabolic disease such as diabetes, anemia or other blood disorders, children <5 years old with one or more episodes of wheezing in the past year. Anyone with muscle or nerve disorders which make swallowing difficult. Anyone receiving aspirin therapy or a history of Guillain-Barré syndrome. Anyone in close contact with a person with a severely weakened immune system (requiring care in a protected environment)

I have read or had explained to me the information about influenza, the LAIV vaccine, and the possible side effects presented to me by Shots on the Spot, LLC. I have had an opportunity to ask questions regarding LAIV vaccination recommendations and understand the benefits and risks of flu vaccination as described. I have requested that I receive the LAIV vaccination. My signature also indicates that I have been given a Vaccination Information Sheet Dated 10/2/09 and the opportunity to review the company's Privacy Policy.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

***IF YOU HAVE A SEVERE REACTION, OR ONE LASTING MORE THAN 48 HOURS, SEE A PHYSICIAN.***

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Office Use only

MedImmune Lot#500758P 25 Jan 10 Admin - \$18.00 Date: \_\_\_\_\_

**Shots on the Spot LLC, 901-483-7468**

H1N1LAIV2009