

CONNECTICUT VALLEY HOSPITAL
2009 H1N1 Inactivated Vaccine Consent Form

Employee Name: _____ Employee #: _____

Job Title: _____ Work phone: _____

Building and Unit Assignment: _____ Date of Birth: _____

I have read or had explained to me information about the H1N1 inactivated vaccine. I have had a chance to ask questions which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described.

Are you allergic to eggs? ☐ Yes ☐ No

Have you ever had a serious reaction to a flu shot? ☐ Yes ☐ No

Are you sick with a fever now? ☐ Yes ☐ No

Have you ever had Guillain-Barre Syndrome (GBS)? ☐ Yes ☐ No

☐ **Yes, I consent to being vaccinated at Connecticut Valley Hospital:**

Employee Signature 12/ /09
Date

Witness Signature 12/ /09
Date

FOR CLINIC USE

Clinic Site: _____ Date: 12/ /09

Injection Site: Left arm _____ Right arm _____

Manufacturer & Lot Number: Novartis 102133P1 Expiration: 3/31/10