

MARION COUNTY PUBLIC HEALTH DEPARTMENT
H1N1 IRIS Data Field Collection Form and Consent for Long Group

Information needs to be inputted into IRIS or by Friday of each week.

Clinic Location:

Information about person to receive vaccine (PLEASE PRINT)			
Name: Last	First	MI	Birth Date Age
Address:			Male <input type="checkbox"/> Female <input type="checkbox"/>
City:	State:	Zip:	County:
Phone Number:			

Do you have an allergy to eggs or to a component of the vaccine?
 Have you ever had Guillian-Barre Syndrome?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE CHECK (✓) THE TARGET GROUP YOU QUALIFY FOR:

- Pregnant 6 months – 24 years old
- Healthcare worker or emergency medical services personnel
- Household contacts and caregivers for children younger than 6 months of age
- Person age 25-64 years old that have health conditions associated with higher risk of medical complications from influenza.

SECTION III: Acknowledgement of receipt of the Notice of Privacy Practice

I understand, that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information (PHI). The Notice of Privacy Practice has been made available to me which explains those rights.

CLIENT'S SIGNATURE X _____ **DATE** _____
 _____ Legal Representative Signature if Applicable

I understand the risks and benefits of the vaccine being given and ask that the vaccine be given to me or the person named below for whom I am authorized to make this request. I have had a chance to ask questions which were answered to my satisfaction.

CLIENT'S SIGNATURE X _____ **DATE** _____
 _____ Legal Representative Signature if Applicable

For Clinic Use						
Vaccine	Date	Manufacturer	Site	Lot # (includes dashes)	Dosage	Administered by:
Injectable Influenza		Glaxo Smith Kline				