



**Occupational / Employee Health Department**  
**(603) 924-1795**  
**2009 - 2010 H1N1 INFLUENZA VACCINATION**

\_\_\_\_\_  
 Name (print) \_\_\_\_\_  
 Company / Facility

Please answer the following questions:	YES	NO
1. Are you ill? If you are ill, you may receive the vaccine providing you do not have a fever.		
2. Are you allergic to eggs or egg products? The vaccine is prepared from the amniotic (yolk sac) fluids of chick embryos inoculated with a specific type of flu virus. If an allergy is present, you should NOT receive the flu vaccine.		
3. Have you ever been diagnosed with Guillian Barre Syndrome? If yes, you should NOT receive the flu vaccine. If you have an active neurological disorder, the vaccine should be delayed until the disease process has been stabilized.		
4. Are you allergic to Thimerosal (mercury derivative), Neomycin, or Polymyxin?		
5. Are you allergic to or sensitive to gelatin products or Latex? If yes, we recommend that you see your primary care physician to receive your flu vaccine.		

\*The stopper to the vial contains natural latex rubber\*

**ADVERSE REACTIONS**

No adverse reaction noted. Patient advised to call Occ Health should any adverse reaction occur.

Common side effects occasionally occur but are not limited to:

1. Redness and/or swelling at the injection site for 1 - 2 days.
2. Low grade fever, chills, muscle aches or headache 6 - 12 hours after injection and lasting 1 - 2 days.
3. Allergic responses such as hives, swelling of the lips and tongue, acute respiratory distress, and anaphylaxis, and even death can occur.

I understand that I am receiving this H1N1 Influenza Vaccination on a voluntary basis and I release Monadnock Community Hospital from any side effects, loss of time, or any other complications resulting from this vaccination. I have had an opportunity to ask questions, which have been answered to my satisfaction.

Signature	Date
Manufacturer	10/02/09
0.5cc IM L / R	VIS
Lot #	Exp. Date
Signature of Administrator	Date

**DOB:**  
**Primary Care Physician:**  
**THIS INFORMATION HAS**  
**BEEN REQUESTED FROM**  
**YOUR PCP TO UPDATE MEDICAL**  
**RECORDS FOR IMMUNIZATION PURPOSES**