

**PORTAGE COUNTY LOCAL HEALTH DEPARTMENTS  
INFLUENZA VACCINE ADMINISTRATION RECORD  
H1N1 Vaccine**

Information about person to receive vaccine (please print).

<b>NAME: Last</b>		<b>First</b>		<b>Birthdate</b>	<b>Age</b>
<b>ADDRESS:</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<p>I have reviewed or received a copy of Portage County Health Department's HIPAA Policy. I understand the intent and uses of private health information. I consent to my records or my child's health records to be released for the purposes outlined in the HIPAA Policy. If I do not want the health records created by the Portage County Health Department to be released, I will request this in writing to the Health Department.</p> <p>X _____ Date: _____</p> <p align="center">Signature</p>					

**TRIAGE**

**Screening Questions**

1. Between the ages of 2 and 49?	Y	N
2. You/child pregnant?	Y	N
3. You/child allergic to eggs?	Y	N
4. Have you/child had reaction to previous influenza immunization?	Y	N
5. Asthma/wheezing/chronic pulmonary?	Y	N
6. Heart Problems?	Y	N
7. Lung Disease?	Y	N
8. Liver/Kidney disease?	Y	N
9. (Diabetic) Metabolic disease?	Y	N
10. Anemia or other blood disorders?	Y	N
11. Weak immune system (by medication or disease)?	Y	N
12. Long-term aspirin therapy (children or adolescent)?	Y	N
13. Muscle Problems, Cerebral Palsy (seizures, LP), Neurologic/Neuromuscular?	Y	N
14. Close Contacts of immunosuppressed person that is medically isolated?	Y	N
15. Nasal condition serious enough to make breathing difficult, such as a stuffy nose?	Y	N
16. Have allergy to gentamicin, gelatin or arginine?	Y	N
17. Any vaccinations in the past four (4) weeks? _____	Y	N

**CLINIC/OFFICE USE**

<b>CONSULT: circle one and initial</b>		
2-49 years	≥ 6mos	6 mos -35 mos
<b>H1N1</b>	<b>H1N1 0.5 ml</b>	<b>H1N1 0.25 ml</b>
<b>NASAL</b> _____	<b>SHOT</b> _____	<b>PEDS SHOT</b> _____

<b>Date Administered</b>	<b>Vaccine Manufacturer</b>	<b>Lot Number</b>	<b>Dosage</b>	<b>Injection Site</b>
				<b>LD / LT / NASAL</b>

**Signature of Vaccine Administrator:** \_\_\_\_\_ RN/EMT/LPN

Portage County Local Health Departments  
449 South Meridian Street Ravenna, Ohio 44266