

SETON HALL UNIVERSITY HEALTH SERVICES

**IMMUNIZATION FLOW SHEET
2009 H1N1 LIVE ATTENUATED NASAL SPRAY FLU VACCINE**

PART I

Name	DOB	Male Female	Age	Date
Address			County	Phone

I have read the **Vaccine Information Sheet (VIS)** about influenza and the influenza live virus nasal spray vaccine and I have had a chance to ask questions. I understand the benefits and risks of the influenza vaccine and request that the vaccine be given to me.

Signature

PART 2

Vaccine Pre-administration Checklist:

	No	Yes	Comment
Have you ever had asthma			
Are you pregnant or could you be pregnant			
Allergic reaction to any vaccine component			
Life threatening adverse vaccine reaction (ex. Guillain-Barre)			
Chronic medical illnesses, weakened immune system			
Life threatening allergy to eggs			
Close contact with anyone with SEVERELY weakened immune system			

Agent	Lot #	Company	Exp. Date
H1N1 Live Attenuated Nasal Spray Vaccine			

Patient Education: (check all that apply)

- Side effects of vaccines and comfort measures reviewed
- Seek medical care for any serious side effects (as outlined in VIS)

Provider Signature _____ **Date** _____