



St. Joseph County Health Department

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

H1N1 INFLUENZA VACCINATION CONSENT FORM

*****PLEASE PRINT*****

FIRST NAME _____

LAST NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # (_____) _____ / _____

CHECK THE CATEGORY THAT APPLIES TO YOU:

___ PREGNANCY

___ HOUSEHOLD CONTACT /CAREGIVER FOR INFANTS
YOUNGER THAN 6 MONTHS OF AGE

___ HEALTHCARE AND EMS PERSONNEL

___ PEOPLE FROM 6 MONTHS THROUGH 24 YEARS OF AGE

___ PERSONS AGED 25 THROUGH 64 YEARS WHO HAVE
HEALTH CONDITIONS ASSOCIATED WITH HIGHER RISK
OF MEDICAL COMPLICATIONS FROM INFLUENZA

___ GENERAL PUBLIC

SIGNATURE _____ DATE _____