



姓名[Name]:

健康卡号码 [Health #]:

生日[DOB]:

流感疫苗
同意和免疫记录

我了解甲型H1N1流感疫苗的益处，风险及其副作用。我有机会提问/表达我的观点，并且得到了充分的回应。在此，我同意我本人或者亲属接受甲型H1N1流感疫苗注射。

_____, 2009
签名(本人或家长/监护人) 与被监护人的关系 日期

监察信息声明

以下信息的收集不针对个人，仅以监察为目的。总数据将从全部信息中产生。

性别 [Gender] : 男 [male] 女 [female]
年龄 [Age] : _____ 年 [years]
(如果不足一年) [if less than 1 year] _____ 月 [months]

您有任何健康问题需要医生定期检查吗? 是 [yes] 否 [no]
[Do you have a **health condition** requiring regular visits to doctor?]
您有没有怀孕或者打算在一个月內怀孕? 是 [yes] 否 [no]
[Are you **pregnant** or considering becoming pregnant within one month?]
您是一名医护人员吗? 是 [yes] 否 [no]
[Are you a **Health Care Worker**?]
您是原住民吗? 是 [yes] 否 [no]
[Do you identify as **First Nations**?]

由护士完成的部分 [Screening by Nurse]

Dose: 1 2
Type: Adjuvanted Unadjuvanted

您或者/您的亲属今天有没有生病或者发热? 是 [yes] 否 [no]
Are you/your dependent sick or do you have a fever today?
您和您的亲属有没有严重的过敏，包括对鸡蛋过敏? 是 [yes] 否 [no]
Do you/your dependent have any serious allergies, including egg, that you know of?
您或者您的亲属是否曾经对疫苗产生过严重的过敏反应? 是 [yes] 否 [no]
Have you or your dependent ever had a serious reaction to a previous dose of vaccine?
您或者您的亲属是否被诊断患有格林巴利综合症? 是 [yes] 否 [no]
Have you or your dependent ever developed Guillain-Barré Syndrome?

Lot # _____ Vaccine Dosage (IM): 0.5 ml 0.25ml

Injection site: deltoid vastus lateralis

Name of person giving vaccine _____
(PRINT) (SIGNATURE)