

### H1N1 Monovalent Influenza Vaccine Consent Form

I have been given a copy and have read, or have had explained to me, the information in the "Vaccine Information Statements" for H1N1 influenza and the monovalent H1N1 influenza vaccine. I have had a chance to ask questions and discuss my concerns with a healthcare professional. I understand the benefits and risks of the H1N1 influenza vaccine and give consent to get vaccinated with this vaccine or for the below-named person, for whom I am authorized to consent, to get vaccinated with this vaccine.

- I agree to allow information on this immunization given to me or to the below-named person to be entered into the New Mexico Immunization Information System (NMSIIS). Information in NMSIIS is available to healthcare providers or public health entities in New Mexico for the purposes of ensuring those registered in NMSIIS receive all recommended immunizations by providing access to their immunization record.
- I choose not to have this information entered in NMSIIS. I understand that by doing so, healthcare providers may not be able to ascertain my or the below-named person's immunization status by accessing the immunization registry

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**Printed Name of Person Receiving Vaccine**

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**Date**

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**Printed Name of Person Authorized to Consent if not Person Receiving Vaccine**

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**Signature of Person giving consent for Vaccination**