



# Mandatory 2009 Novel H1N1 Vaccination Form

As a healthcare professional, you may have exposure to the H1N1 virus. As a pre-condition of employment, the healthcare facility has mandated receiving the H1N1 vaccination. You must arrange to have the H1N1 vaccine by either scheduling your own appointment with your healthcare provider or by contacting your Recruiter to determine if the healthcare facility can provide the vaccine at their Employee Health Department.

If the vaccine is medically contraindicated, you will need to receive an exception for this mandate and it will be up to the facility to accept it. Any medical contraindication must be certified by either a licensed physician or a licensed nurse practitioner and should state that the vaccine should not be given to an individual since it would be detrimental to the person's health.

Please have the following information completed and returned to your Recruiter as soon as possible. If you already have had the H1N1 vaccine, please attach the appropriate documentation or complete the form below:

Date of Vaccination: \_\_\_\_\_ Site of Administration: \_\_\_\_\_

Type of Vaccine: \_\_\_\_\_ Dose: \_\_\_\_\_

Manufacturer & Lot #: \_\_\_\_\_ Reactions, if any: \_\_\_\_\_

Name of Person Administering the Vaccine: \_\_\_\_\_ Ph#: \_\_\_\_\_

Vaccine Information Statement Given:            Yes            No            (circle one)

Signature : \_\_\_\_\_ Title: \_\_\_\_\_

I have read and fully understand the information on this form and understand that as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effect from the vaccine.

Fax to: 1-800-709-4610

_____ <b>Healthcare Professional Name</b> (Print)	
_____ <b>Healthcare Professional Signature</b>	_____ <b>Date</b>