



Steven J. Odenweller  
Coordinator

**PUTNAM COUNTY**  
**Office of Public Safety**  
P.O. BOX 370  
OTTAWA, OHIO 45875  
**Phone: (419) 538-7315**  
**Fax: (419) 538-7319**

- Emergency Medical Service
- Emergency Management Agency
- Local Emergency Planning Committee
- Flood Plains Management
- Homeland Security

## H1N1 Vaccination Acceptance Form

Date (month/day/year) \_\_\_\_\_

Employee Name \_\_\_\_\_  
(please print)

I understand that due to my occupational exposure to persons potentially exhibiting influenza like symptoms I may be at risk of acquiring influenza A and the H1N1 novel strain. I have been given the opportunity to be vaccinated with the H1N1 vaccination, by either nasal flu mist or IM injection, at no charge to myself. I understand that this is a novel strain of the influenza A virus, and that this will be a one time vaccination. I have read and understand the potential side affects of accepting this vaccination.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date (month/day/year)