Influenza Hospitalization Surveillance Project Consent Form (for patient/proxy interview ONLY) VERBAL CONSENT FORM

(child's name)]? We are working wit more about influenza disease or the f	From the [state] Department of Public Health. In the Centers for Disease Control and Prevent lu. To do this, we are talking to people who had illness and whether they were vaccinated against the control of the contro	ion and other health departments to learn ave been in the hospital with flu. We want
would like to ask you a few questions vaccine this season. This will take at affect any medical care or benefits you way refuse to answer any questi Department] and CDC better describing improve vaccination recommendation answering these questions. There is a	speaking with proxy] were in the hospital for about whether you/your child [or NAME if so bout five minutes. Your participation is volunt ou receive. All of your responses will be kept ons and may stop at any time. This information in for flu and better protect the public's health also no risk to you. If you have any questions a Health at XXX-XXX-XXXX. Do you have a	speaking with proxy] received the fluctury and if you choose to refuse it will not confidential as much as the law allows. On will help [State/Local Health conally, this information may help us and the information to you for about the study, you may call [state]
May I continue with this interview?	□ Yes □ No [If YES, go to Appendix F]	
If NO: Thank you for your time. Har	ve a good day.	
Name of person obtaining verbal consent: Date:		
Flesch-Kincaid: 7.7		
·	tion Surveillance Project Case and Pro First name:	
Date of birth://	Phone Number:	
Proxy Last name:	First name:	Initial:
	Relationship to case patient	

Note to collaborators: This is for your records only. Do not send this information to CDC. Keep this information in a secure locked place.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Request Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0978).