

District Health Department #10

2009 H1N1 Influenza Vaccine Screening & Consent Form: School-Based Clinic

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
SCHOOL NAME			GRADE		

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

Dose 1	Date received: month _____ day _____ year _____	Form (please circle):	nasal spray	shot
Dose 2	Date received: month _____ day _____ year _____	Form (please circle):	nasal spray	shot

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

A. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of these four questions, your child may be able to get the 2009 H1N1 vaccine later, but we will contact you at a later date to discuss your options.

	YES	NO
1. Does your child have a serious allergy to eggs?		
2. Does your child have any other serious allergies? Please list: _____		
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?		
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks of getting flu vaccine?		

B. There are two types of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which type your child can get.

	YES	NO
1. Has your child been given any vaccines, including any flu vaccine within the past 30 days? Vaccine: _____ Date given: month _____ day _____ year _____		
2. Does your child have any of the following: recurrent wheezing, asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?		
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or cancer treatments)?		
5. If female, is your child pregnant?		
6. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?		
7. Has your child taken any influenza antiviral medications in the last week (ex. Tamiflu, Relenza)?		When?

Section 3: Consent**CONSENT FOR CHILD'S VACCINATION:**

I have read or had explained to me the Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to District Health Department #10 and its staff for my child named at the top of this form to be vaccinated with this vaccine.
(If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school.)

Signature of Parent/Legal Guardian _____
Date: month _____ day _____ year _____

I DO NOT GIVE CONSENT to District Health Department #10 and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian _____
Date: month _____ day _____ year _____

Section 4: Permission to Release Information

I have been offered information on the Notice of Privacy Practices from District Health Department #10, available from any Health Department office and at www.dhd10.org. I understand the Notice contains my rights and the Health Department's responsibilities regarding my protected health information.

Signature of Parent/Legal Guardian _____ Date: month _____ day _____ year _____

Section 5: Vaccination Record**FOR ADMINISTRATIVE USE ONLY**

Vaccine	Date Dose Administered and VIS Given	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Date of VIS	Name and Title of Vaccine Administrator
2009 H1N1	/ /	IM Intranasal					