

County of Orange Health Care Agency

Live (Intranasal) or Injectable H1N1 (Swine) and Seasonal Influenza Vaccination Screening and Consent Form

PARENTS/GUARDIANS: Please Read The Following Carefully Before Signing The Consent.

For your child to be eligible to receive influenza vaccine at the school clinic, **you must read, answer all questions, and sign this consent form.** Depending on your answers to the questions listed below your child will receive either the injectable flu vaccine or the intranasal flu vaccine. Please read both vaccine information statements we have provided to you. If this is the first time that a child 4-8 years of age receives the influenza vaccine, then s/he will receive a 2nd dose of the flu vaccine at the school site 4 weeks after the first dose. They will also receive a second dose if they only received one dose last year. If you child is under 9 years of age, s/he will also need a 2nd dose of the H1N1 (Swine) vaccine. This consent form will cover both flu vaccine doses, if needed.

CHILD's NAME: _____ BIRTHDATE: _____ AGE: _____ SEX: Male or Female
(First) (Last) (mm-dd-yyyy)

PHONE: () _____ ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF SCHOOL _____ TEACHER _____ GRADE _____

Please circle Yes or No for the following questions **and** answer **ALL** questions.

1) Is your child allergic to eggs?	Yes	No
2) Has your child ever received the influenza (flu) vaccine before?	Yes	No
3) Has your child ever had a Serious Allergic Reaction to the Influenza (Flu) Vaccine or to any other type of vaccine? If yes, please explain: _____	Yes	No
4) If your child is less than 8 years old and he/she received the flu vaccine for the first time last year, did he/she get 2 doses?	Yes	No
5) Has your child received a vaccine in the past 4 weeks? If yes, please write the vaccine(s) received and date(s): _____	Yes	No
6) Does your child have any chronic medical conditions? If yes, please write the medical condition(s): _____ If your child has asthma how often does he/she use an inhaler? _____ AND How many times per year does your child see a doctor for asthma? _____	Yes	No
7) Is your child on long term aspirin therapy?	Yes	No

I have read or had explained to me the vaccine information statements for the **Live, Intranasal Influenza Vaccine and/or the Injectable Influenza Vaccine** (Vaccine Information Statement, 10/02/09, 8/11/09). I understand that, depending on the answers to the questions listed above, my child will receive either the injectable or the intranasal flu vaccine at his/her school. I give my permission for my child whose name is listed above to receive the influenza (flu) vaccine.

Parent/Legal Guardian Sign: _____ **Date:** _____

FOR CLINIC USE ONLY						
Date:	Dose:	Vaccine / Mfg:	Lot # Exp. Date:	Screening MD/RN/LVN	IZ Given By:	Site/Route:
	#1					N / IM
	#2					N / IM