

CCUSD FLU VACCINE SCREENING AND CONSENT FORM FOR 2011-12

Healthy people 2 years of age to 49 years of age are eligible to receive the Nasal Flu Mist.
People 50 years of age or older are only eligible to receive the inactivated Flu Shot.

Print name of individual to be vaccinated (Last name, First name)

Birthdate

Age

School/site: OCD EM ER FA LB LH CP MS HS DO Grade____ Classroom____ Teacher_____

Part A - HEALTH INFORMATION:

Does the person being vaccinated have any of the following health conditions? ☐ YES, mark all that apply below ☐ NO

- ☐ Asthma (severe or on daily medications)
- ☐ Heart disease
- ☐ Lung disease
- ☐ Kidney or Liver disease
- ☐ Metabolic disease (including diabetes)
- ☐ Blood disorders (including anemia, Sickle Cell Disease, Hemophilia, etc.)
- ☐ Weakened immune system (steroid therapy, under cancer treatment, HIV, etc.)
- ☐ Live with or expect to have close contact with a person whose immune system is severely weakened and who must be in a protective environment?
- ☐ Muscle or nerve disorder (seizures, MS, Cerebral Palsy, etc.)
- ☐ Persons under 18 years of age taking long-term aspirin treatment
- ☐ Received MMR, Varicella or live flu vaccine within the last 4 weeks

If you checked "YES" to any of the health conditions listed above, only the inactivated Flu Shot can be administered.

Is the individual being vaccinated currently pregnant or breastfeeding?

☐ YES

☐ NO

Is the individual being vaccinated severely allergic to eggs or latex?

☐ YES

☐ NO

Has the individual being vaccinated had a serious reaction to a previous flu vaccination?

☐ YES

☐ NO

Does the individual being vaccinated have a history of a Guillain-Barre' Syndrome?

☐ YES

☐ NO

If you checked "YES" to any one of the above four questions, we cannot administer the Fluarix Flu vaccine.

You may be able to receive a different flu vaccine. Please consult with your doctor.

Part B - PREVIOUS FLU VACCINE INFORMATION: (Only if person being vaccinated is under 9 years of age)

Did your child under 9 receive a vaccination for flu last year?

☐ YES*

☐ NO

*If yes, how many doses of the flu vaccine did your child get last year? (Please circle) 1 dose or 2 doses

If your child is under 9 years of age and has not previously been vaccinated for the flu with 2 doses of either the nasal mist or injection, they will need a second vaccination in 4 weeks.

I hereby give consent for the second flu vaccine for my child under 9. Parent/Guardian initials here:

Part C - WRITTEN CONSENT:

I have read the current Influenza Vaccine Information Statement (VIS) dated 7/26/2011 and understand the benefits and risks of flu vaccination. I also understand that this immunization will be recorded on the California Immunization Registry, which can be viewed by other healthcare professionals. I agree to these terms and consent to the administration of the flu vaccine.

If requesting this vaccine for a child under the age of 18, I hereby give my permission for the flu vaccine to be administered and certify that I am authorized to make this request. Parent/Guardian initials here:

Signature of person requesting vaccination

Date

REQUIRED INFORMATION: for data entry - First name of Mother (of person being vaccinated):

for LA County data collection - Ethnicity (of person being vaccinated):

FOR CLINIC USE ONLY:

	Location:	Date:	By:	Date 2 nd dose given:
FluMist (LAIV)	Intranasal		KLA PS DC	
Flu Injection 0.5ml IM (inactivated)	L / R Deltoid		KLA PS DC	L / R

Manufacturers: FluMist, Lot #501103P, Exp date: 12/11/11 or Fluarix injection, Lot #AFLUA603BB, Exp date: 06/08/12