

2009 H1N1 Influenza Vaccine Consent Form
Chippewa Co Department of Public Health 715-726-7900 or 1-800-400-3678

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 _____	
MOTHER'S MAIDEN NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
ADDRESS			SCHOOL NAME		
CITY	STATE	ZIP	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, and your child is not ill at the time of the clinic, your child can get the influenza vaccine. If you answer "YES" to one or more the following questions, we will contact you to discuss whether or not your child will get the vaccine.

	YES	NO
1. Does your child have a serious allergy to eggs?		
2. Does your child have any other serious allergies?		
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 after receiving a flu vaccine?		

B. The 2009 H1N1 influenza vaccine can be given by nasal spray or shot. Your answers to the following questions will help us know which way your child should get the vaccine.

	YES	NO
1. Did your child get the MMR, (Measles, Mumps, Rubella), Chicken Pox, or Seasonal Flu Mist vaccine within the past 30 days? Circle the vaccine(s) received. Date given: month _____ day _____ year _____		
2. Does your child have a long-term health problem such as heart, lung, kidney or liver disease, asthma, diabetes, or blood, muscle or nerve disorders?		
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 those used to treat cancer)?		
5. 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)?		

Section 3: Permission to Release Information

Okay to share immunization data with Wisconsin Immunization Registry (WIR)? YES _____ NO _____ WIR is a computerized internet database used to record and track immunization dates of Wisconsin's adults and children.

Section 4: Consent

CONSENT FOR CHILD'S VACCINATION:	
I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.	
I GIVE CONSENT to the Chippewa Co health department and its vaccinators 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) All of the above information is required. If information is missing we will attempt to contact you. If we can not reach you your child will not receive the flu vaccine at school. Signature of Parent/Legal Guardian _____ Relationship to student _____ Date: month _____ day _____ year _____	DO NOT GIVE CONSENT to the Chippewa Co health department and its vaccinators for my child named at the top of this form to be vaccinated with this vaccine. Signature of Parent/Legal Guardian _____ Relationship to student _____ Date: month _____ day _____ year _____

