

Public Health – Muskegon County
2009 H1N1 Flu Vaccine Consent Form
 Please return this form to your school within 3 school days.

CHILD'S NAME: _____ GRADE: _____ SCHOOL: _____

Check **YES**, I would like my child vaccinated against H1N1 flu while at school at no charge. (Please answer the One flu questionnaire, fill in and sign the permission slip, and return this form to the school.)

NO, I would NOT like my child vaccinated against H1N1 flu while at school. I understand that if I change my mind, I will be referred elsewhere to get the H1N1 flu vaccine for my child. (Please stop here and return this form to the school.)

Flu Questionnaire

1. Is the person to be vaccinated sick today? (Yes) (No)
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine? (Yes) (No)
3. Has the person to be vaccinated ever had a serious reaction to flu vaccine in the past? (Yes) (No)
4. Has the person to be vaccinated ever had Guillain-Barre Syndrome (a type of temporary, severe muscle weakness) within 6 weeks of receiving a flu vaccine? (Yes) (No)
5. Has the person to be vaccinated gotten vaccinated with any vaccine (not just flu) in the past 30 days? (Yes) (No)
 If yes, what vaccine: _____ When: _____
6. Does the person to be vaccinated have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood? (Yes) (No)
7. Is the person to be vaccinated on long-term aspirin or aspirin-containing therapy (for example, take aspirin every day)? (Yes) (No)
8. Does the person to be vaccinated have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)? (Yes) (No)
9. Is the person to be vaccinated pregnant? (Yes) (No)
10. Does the person to be vaccinated have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)? (Yes) (No)
11. Does the person to be vaccinated have recurrent wheezing? (Yes) (No)
12. Has the person to be vaccinated taken any flu antiviral prescription medications in the last week? (Yes) (No)

Permission

“I have been provided written material regarding the H1N1 flu vaccine. I understand the benefits and risks of the vaccine. As a parent/guardian of the person listed below, or the adult to be vaccinated, I consent to the administration of this vaccine.”

PERMISSION SLIP FOR H1N1 FLU VACCINE					FOR CLINIC/OFFICE USE ONLY		SCHOOL NAME
Information about person to receive vaccine (Please Print)					Public Health - Muskegon County 209 E APPLE AVE MUSKEGON MI 49442		
NAME: LAST	FIRST	MI	BIRTH DATE	AGE	DATE VACCINE AND VIS GIVEN		
ADDRESS: STREET	CITY	COUNTY	STATE	ZIP	VACCINE MANUFACTURER		LOT #
MI					SITE OF INJECTION		
SIGNATURE OF PERSON TO RECEIVE VACCINE OR PARENT/GUARDIAN GIVING CONSENT				DATE	VIS VERSION DATE		CLIENT STATUS
					SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR		

Public Health – Muskegon County will keep record of these vaccinations on the Michigan Care Improvement Registry. They will record that the flu vaccination was given, the date the vaccine was given, the name of the company that made the vaccine, the vaccine's lot number, site on the body where the vaccine was given, and the signature and title of the person who gave the vaccine.