

2015-2016 School Based Influenza Vaccine Consent Form Catoosa County Health Department

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

STUDENT'S NAME (Last)	(First)	(M.I.)	TEACHER	
STUDENT'S DATE OF BIRTH (mm/dd/yyyy)		GENDER: M / F	PARENT/ LEGAL GUARDIAN'S NAME	
ETHNICITY (Please Circle)	RACE (Please Circle) African Amer	PARENT/ GUARDIAN PHONE NUMBER(S)		
Not Hispanic/Latino Hispanic Latino	Hispanic or Latino, American Indian, Asian, Alaska Native, Native Hawaiian, Other Pacific			
HOME ADDRESS			Provide the insurance information for the	
	insurance provider selected			
CITY STATE		ZIP CODE AND		
			attach a copy of the insurance card to this form	
INSURANCE INFORMATION: Do you have Insurance that covers vaccines? Yes / No Please check health insurance provider below: Aetna Medicaid Peachcare Blue Cross Blue Shield PPO No Insurance Cigna Other			Policy Holder Name Policy Holder DOB Group# Member ID #	

Section 2: <u>Medical Information</u>: The following questions will help us to determine if this student can receive the influenza vaccine. *Please circle Yes or No for each question.

1. Has the student received any vaccines in the last four weeks? If yes, please list:		No
2. When was the student last vaccinated for flu?		
3. Has the student ever had a serious reaction to eggs?	Yes	No
4. Has the student ever had a serious reaction to any influenza vaccine?	Yes	No
5. Does the child use an inhaler or receive breathing treatments for asthma or a wheezing condition?	Yes	No
6. Is the student on long term aspirin or aspirin-containing therapy (For example: does the student take aspirin everyday)	Yes	No
 Does the student have any significant or chronic (long term) health conditions? (For example: diabetes, sickle cell disease, heart conditions, lung conditions, seizure disorders, cerebral palsy, muscle or nerve disorders) 		No
8. Does the student 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 student or could the student be pregnant?	Yes	No
10. Has the student ever had Guillain-Barre Syndrome (GBS)?		No

Section 3: Consent: If this consent form is not filled in completely, signed, dated, and returned, the student will not be vaccinated at school.

I GIVE CONSENT to the **Catoosa County Health Department** *for the student named above to receive the influenza vaccine.* I acknowledge that the student and medical information provided above is correct. I have been given a copy of the Vaccine Information Statements for the influenza vaccines. The NOTICE of PRIVACY POLICY FORM is available. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine that will be given to the student that I am authorized to represent. I understand that participation and receipt of the influenza vaccine through this program is completely voluntary. By signing below, I give permission for the student listed above to receive the intranasal or injectable influenza vaccine.

Signature of Parent/Legal Guardian:

Date:

Intranasal Influenza Vaccine 2015-	2016 VIS 8-19-2014	Inactivated Influenza Vaccine 2015-2016 VIS 8-19-2014					
Administration Route: 🔲 Intranasal		Administration Route: IM/LD IM/RD					
VFC Private Pay		VFC Private Pay					
Signature of Nurse:		Signature of Nurse:					
	Data	Dut					
Date:		Date:					
Entry Clerk Initial:	Entry Nurse Initial:	Entry Clerk Initial:	Entry Nurse Initial:				
Date:	Date	Date:	Date:				