## Catoosa County Health Department

145 Catoosa Circle Ringgold, Georgia 30736 Phone 706-406-2000 Fax 706-406-2001



Prevent. Promote. Protect

Catoosa County Board of Health

Northwest Georgia Public Health C. Wade Sellers, M.D., M.P.H. Director, Catoosa Board of Health 1309 Redmond Road, NW Rome, Georgia 30165 www.nwgapublichealth.org

### Fall 2015- ELEMENTARY

The Catoosa County Health Department is excited to let you know we will again be offering **Influenza Vaccine** to the students of Catoosa County Schools. This vaccine is being offered through a grant from the Georgia State Immunization Program. Last year we administered 2,000 doses of influenza vaccine to our students.

We will be billing the cost of administering the vaccine to Medicaid, Peachcare, Blue Cross Blue Shield PPO of any state, Cigna and Aetna. For those students who do not have insurance or who have another insurance carrier the administration cost will be waived.

The vaccine will be administered during the school day by a Public Health Nurse. If you want your student to receive the Influenza Vaccine please complete the attached consent form and return this form promptly to school. If you are not interested in your student receiving the Influenza Vaccine simply DO NOT return the form. For your student to receive the vaccine, please answer ALL questions. If you have any questions, please contact the Health Department at 706-406-2000.

We will be administering the Live Influenza (Flu Mist) vaccine\*. This vaccine is recommended for healthy people age 2 through 49 years, who are not pregnant and do not have certain health conditions. Please review the Vaccine Information Statement that is attached to see if your student qualifies for the Flu Mist. Please keep the Vaccine Information Statement (VIS) attached. If you would prefer being present while the vaccine is administered please check with your school nurse to find out the date and time we will be at your school.

Please complete the consent form on the back of this letter and return the consent form to school with your student. You will know when your student has received their Flu Mist because we will stamp your student's hand with a Sunshine stamp.

\*Your student may not have the nasal mist if he or she has asthma/recurrent wheezing, if he/she is on long term aspirin therapy or has a lowered immune system. Ask your school nurse for an injectable consent form (blue form). We do have a limited number of inactivated/injectable influenza doses to administer for those students who are unable to take the Flu Mist.

I have reviewed section 3 of the VIS statement attached to this let	tter. My student is unable to
take the Live/Flu Mist for the following reason	[If your student is
unable to receive the Flu Mist please request a consent form for the	he injectable Influenza vaccine
(blue form) from your school nurse.]	

It is recommended for students under age 8 to receive 2 doses of influenza in some circumstances. These doses are recommended to be separated by at least one month. If it is recommended for your student to receive a second dose we will notify you by sending you a letter and you will be asked to complete another consent form.

In an effort to minimize paperwork a copy of the Notice of Privacy Policy is not being included in your packet. A copy of this policy is available at the Catoosa County Health Department. If you would like to request a copy of this policy please call or come by the Health Department. We would be glad to forward you a copy by mail.

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### Fall 2015 MIDDLE/HIGH SCHOOL

The Catoosa County Health Department is excited to let you know we will again be offering **Influenza Vaccine** to the students of Catoosa County Schools. This vaccine is being offered through a grant from the Georgia State Immunization Program in an effort to have more school students protected from the flu. Last year we administered 2,000 doses of influenza vaccine to our students.

We will be billing the cost of administering the vaccine to Medicaid, Peachcare, Blue Cross Blue Shield PPO of any state, Cigna and Aetna. For those students who do not have insurance or who have another insurance carrier the administration cost will be waived.

The vaccine will be administered during the school day by a Public Health Nurse. If you want your student to receive the Influenza Vaccine please complete the consent form on the back of this letter and return this form promptly to school with your student. If you are not interested in your student receiving the Influenza Vaccine simply DO NOT return this form. For your student to receive the vaccine, please answer ALL questions. If you have any questions, please contact the Health Department at 706-406-2000.

We will be administering the Live Influenza (Flu Mist) vaccine\*. This vaccine is recommended for healthy people age 2 through 49 years, who are not pregnant and do not have certain health conditions. Attached is the Vaccine Information Statement (VIS) for the Flu Mist for you to keep. Please review the Vaccine Information Statement (VIS) to see if your student qualifies for the Flu Mist. Please complete the attached consent form and return the form to school with your student.

\*Your student may not have the nasal mist if he or she has asthma/recurrent wheezing, if he/she is on long term aspirin therapy or has a lowered immune system. Ask your school nurse for an injectable consent form (blue form). We do have a limited number of inactivated/injectable influenza doses to administer for those students who are unable to take the Flu Mist.

I have reviewed section 3 of the VIS statement attached to this	letter. My student is unable to
take the Live/Flu Mist for the following reason	[If your student is
unable to receive the Flu Mist please request a consent form fo	r the injectable Influenza vaccine
(blue form) from your school.]	

In an effort to minimize paperwork a copy of the Notice of Privacy Policy is not being included in your packet. A copy of this policy is available at the Catoosa County Health Department. If you would like to request a copy of this policy please call or come by the Health Department. We would be glad to forward you a copy by mail.



# 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) (MIL) TEACHER

STUDENT S NAME (Last)	(FIRST)	(M.I.)	TEACHER		
STUDENT'S DATE OF BIRTH (mm/dd/y	nav)	GENDER:	PARENT/ LEGAL GUARDIAN'S NAME		
STODENT S DATE OF BIRTH (HIIII) dayy	7997	M / F	FAREIVI) LEGAL GOARDIAN 3	IVAIVIL	
		,			
ETHNICITY (Please Circle)	RACE (Please Circle) African Ame	erican, White,	PARENT/ GUARDIAN PHONE N	UMBER(S)	
Not Hispanic/Latino Hispanic Latin					
HOME ADDRESS	Alaska Native, Native Hawaiian,	Other Pacific	Provide the insurance int	formation fo	r the
HOWE ADDICESS		Provide the insurance information for the insurance provider selected			
CITY	STATE	ZIP CODE	•		
attach a copy of the insuranc		nce card to t	his form		
INSURANCE INFORMATION: Do you have Insurance that covers vaccines?					
Please check health insurance provider below:  Aetna Peachcare Policy Holder Name Policy Holder DOB					
☐ Aetna☐ Blue Cross Blue Shield PPO		care	Policy Holder DOB		
☐ Cigna	Other		Group#		
			Member ID #		
Section 2: Medical Informati	ion: The following questions will hel	n us to determine	if this student can receive the in	nfluenza va	ccine.
*Please circle Yes or No for each que			,,	,	
	ccines in the last four weeks? If yes, I	please list:		Yes	No
2. When was the student last vacci	nated for flu?			DATE:	
3. Has the student ever had a serio	us reaction to eggs?			Yes	No
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	
7. Does the student have any significant or chronic (long term) health conditions? (For example: diabetes, sickle cell			Yes	No	
disease, heart conditions, lung conditions, seizure disorders, cerebral palsy, muscle or nerve disorders)					
8. Does the student have a weak immune system (for example, from HIV, cancer, or medications such as steroids or			Yes	No	
those used to treat cancer)?  9. Is the student or could the student be pregnant?			Yes	No	
10. Has the student ever had Guillain-Barre Syndrome (GBS)?		Yes	No		
207100 (1.0 0000011, 01.0 1.0 0711010110 (022))					
Section 3: Consent: If this consent form is not filled in completely, signed, dated, and returned, the student will not be vaccinated at school.					
L CIVE CONSENT to the Coto	and County Haalth Danautus ant fair th				معام ما المعادات
	osa County Health Department for the nation provided above is correct. I have				
	PRIVACY POLICY FORM is available. I h	-			
	its and risks of the influenza vaccine t				
	eceipt of the influenza vaccine through			below, I giv	re
permission for the student listed ab	ove to receive the intranasal or injecta	able influenza vacc	ine.		
Simpature of Dayout / and Co	· · · · · · · · · ·		Data		
Signature of Parent/Legal Guardian: Date:					
	FOR CLINIC	USE ONLY			
Intranasal Influenza Vaccine 2015-2	2016 VIS 8-7-2015	Inactivated Influ	enza Vaccine 2015-2016 V	/IS 8-7-201!	5
Administration Route: Intranasal	11000	Administration Route: IM/LD IM/RD			
FC Private Pay VFC Private Pay					
VFC Private Pay Signature of Nurse:		Signature of Nurse:			
	Date:	Date:			
Entry Clerk Initial:	Entry Nurse Initial:	Entry Clerk Initial:	Entry Nurse Ini	tial:	
Dato	Data	Data	Date: Date:		
Date:	Date	Date:_		_ Date	