

CCUSD FLU VACCINE SCREENING AND CONSENT FORM

Seasonal & H1N1 Combination Vaccines

Please circle the school that your child attends (or indicate worksite for district employees) and answer the following questions.

Location: HS MS EM ER FA LB LH CP DO **Grade**_____ **Classroom**_____ **Teacher**_____

*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.*

Part A: All individuals requesting vaccination:

Does the person being vaccinated have any of the following long-term health conditions? If yes, mark all that apply ☐ NO

- ☐ Asthma (severe or on daily medications)
- ☐ Heart disease
- ☐ Lung disease
- ☐ Kidney disease
- ☐ Metabolic disease (including diabetes or liver disease)
- ☐ Blood disorders (including anemia or Sickle Cell Disease, Lymphoma)
- ☐ 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
- ☐ Severe latex allergy (Flu Mist is okay; Flu shot from multidose vial is okay)

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? ☐ YES ☐ NO
- Is the individual being vaccinated severely allergic to eggs, gentamicin, or MSG? ☐ 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 any Flu vaccine.
Please consult with your doctor.***

Part B: 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, please answer the 2 questions below:

How many doses of the HINI vaccine did your child get last year? 1 dose or 2 doses (please circle)

How many doses of the Seasonal flu vaccine did your child get last year? 1 dose or 2 doses (please circle)

If your child under 9 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. Please initial here: X _____

Part C: Written Consent:

I have read and understand the Influenza Vaccine Information Statement (VIS). I agree to receive the flu vaccine.

*For minor children being vaccinated: I give permission for the flu vaccine to be given to my child or a child for whom I am authorized to make this request.

_____ Print name of person to be vaccinated Age: _____ *

_____ *If a minor: print name of parent/guardian requesting vaccination

_____ Signature of person requesting to be vaccinated or parent/guardian

Today's Date: _____ Date of Birth: _____ Ethnicity: _____
(For LA county data collection purposes only)

For Nurses only:

Intranasal given on _____ KLA DC PS Injection given on _____ L or R deltoid