



HARFORD COUNTY HEALTH DEPARTMENT

2014-2015 PUBLIC ELEMENTARY SCHOOL INFLUENZA NASAL SPRAY (FLUMIST®) VACCINE CONSENT FORM

Student Last Name:	Student First Name:	Student Date of Birth:	Age on vaccination day:
School:	Student's Teacher:	Student's Grade:	

The following questions will help us determine if your child may receive the Influenza Nasal Spray (FluMist®) vaccine. Please mark "Yes" or "No" for each question.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does your child have a long-term health problem such as diabetes, heart disease, kidney disease, lung disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your child ever had a life threatening reaction, such as difficulty breathing, to eggs, flu vaccine, gelatin, gentamicin, potassium phosphate, monosodium glutamate or arginine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your child currently receiving aspirin or aspirin-containing therapy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child have a very weak immune system caused by cancer, cancer treatment, HIV, an organ transplant, or any other drugs that weakens the immune system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has a doctor ever said your child has Guillain-Barré syndrome (a serious nervous system disorder)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your child have close contact with a person whose immune system is severely compromised AND requires care in a protected environment or a negative-pressure hospital room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is your child younger than 5 with an episode of wheezing in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has your child received an MMR (measles, mumps, rubella), varicella (chickenpox), or FluMist vaccine in the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| ♦ If YES: Vaccine type _____ Date of vaccination: _____ | | |

♦ IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, YOUR CHILD MAY NOT BE ELIGIBLE TO RECEIVE FLUMIST AT THE SCHOOL. **PLEASE CHECK WITH YOUR CHILD'S PHYSICIAN.**

♦ INCOMPLETE/UNSIGNED FORMS WILL NOT BE ACCEPTED AND YOUR CHILD WILL NOT BE VACCINATED.

- ▶ Note: It is acceptable for your child to get influenza nasal spray vaccine if a household member is pregnant or has chronic medical problems OTHER than severe immune problems that require care in a protected environment as mentioned in question 7.
- ▶ On the day of vaccination your child should not receive the influenza nasal-spray vaccine if he/she is moderately or severely ill, has a nasal condition making breathing difficult or is taking medicine for the flu (specifically amantadine, rimantidine, Tamiflu® or Relenza®).

CONSENT FOR CHILD'S VACCINATION:

I have received, read, and understand the Vaccine Information Statement (VIS) entitled "Live, Intranasal Influenza Vaccine 2013-2014" explaining the risks and side effects of the influenza nasal spray vaccine. I give permission to the Harford County Health Department and its authorized staff, to give my child, listed at the top of this form, the influenza nasal spray vaccine in my absence. I also consent to having information regarding my child's influenza vaccination shared with my child's doctor. I understand that the Centers for Disease Control may make changes to the VIS for 2014-2015.

Signature of Parent/Guardian	Printed name of Parent/Guardian	Date
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****** This form must be returned to your child's teacher by Monday, September 8, 2014 ******

Place Flu Vaccine Label Here	<p>FOR HEALTH DEPARTMENT USE ONLY:</p> <p><u>Route:</u> IN (intranasal) <u>Dose:</u> 0.2 mL <u>VIS Date:</u> 7/26/13</p>	<p>Reason vaccine NOT Given:</p> <p><input type="checkbox"/> Student absent <input type="checkbox"/> Student refused vaccine <input type="checkbox"/> "Yes" checked on consent <input type="checkbox"/> Other _____</p>
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