

Baltimore City Health Department  
Consent Form for H1N1 Influenza Vaccine

**INSTRUCTIONS:**

1. Read the attached H1N1 Influenza Vaccine Information Sheets, VIS, 2009.
2. If you want your child to receive the H1N1 influenza vaccine at school, complete Sections A, B, C and D.
3. Sign the reverse side and return the completed form to the school nurse by October 30, 2009.

**SECTION A: STUDENT INFORMATION (Please Print)**

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Age (yrs.) \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

**SECTION B: PREVIOUS INFLUENZA IMMUNIZATIONS**

If your child has previously been vaccinated against seasonal or H1N1 influenza, please complete the information below.

**My child had a previous influenza vaccine** (circle) No \_\_\_ Yes \_\_\_ If "yes", indicate: Number doses received \_\_\_\_\_

Date of last influenza vaccination \_\_\_\_\_ Type of vaccine:  H1N1 Flu Shot  H1N1Flu Mist  
 Seasonal Flu Shot  Seasonal Flu Mist

**SECTION C: STUDENT HEALTH HISTORY (Place "X" in the correct column – Yes or No)**

The following questions will help us determine if your child can safely receive the H1N1 influenza vaccine.

Health History Questions	Yes	No	If "yes", briefly describe
Do you have a fever or are you sick today? <b>(to be asked by nurse day of the clinic)</b>			
Does your child have any <b>Serious medical conditions</b> requiring a doctor's care?			
Does your child have <b>asthma or recurrent wheezing</b> ?			
Has your child had any <b>Previous reaction(s) to any immunizations</b> ? Please list vaccine _____			
Does your child have a known <b>allergy to eggs, gentamicin, gelatin, arginine or a previous flu vaccine</b> ?			
Does your child take <b>medication-containing aspirin</b> ?			
Does your child take any <b>medication through his/her nose, including nasal steroids</b> ?			
Does your child have a <b>severely weak immune system</b> ?			
Does your child live with any other person who has a severe immune system problem due to an organ transplant, cancer treatment, or AIDS?			
<b>Is your child pregnant</b> or planning to become pregnant in the next 3 months?			
Has your child received any <b>vaccinations in the past 4 weeks</b> ?			
Has your child had a history of <b>Guillain-Barre syndrome</b>			

**GRADES K-5: We will administer the H1N1 influenza live intranasal vaccine (Flu Mist)**

If you answered YES to any of the questions above, your child **is NOT eligible** to receive the H1N1 intranasal vaccine at school, but may receive the H1N1 intramuscular vaccine (Flu Shot). The nurse will screen your child for any reasons that might prevent him/her from getting the intramuscular vaccine (Flu Shot).

**GRADES 6-12: We will administer the H1N1 influenza intramuscular vaccine (Flu Shot)**

The nurse will screen your child for any reasons that might prevent him/her from getting the intramuscular vaccine (Flu Shot). Please discuss any concerns or questions you have with the nurse.

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**SECTION D: INFLUENZA VACCINE CONSENT**

*Children younger than 10 years of age getting influenza vaccine for the first time should get 2 doses, given at least 4 weeks apart. Unless I cancel this consent in writing, my consent below is valid for the two doses of the vaccine for my child, if my child is younger than 10 years of age.*

<p><b>CONSENT FOR CHILD'S VACCINATION:</b></p> <p>I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits. Any questions have been answered to my satisfaction.</p>
<p>I GIVE CONSENT to the Baltimore City Health Department and its staff for my child named at the top of this form to receive the H1N1 influenza vaccine. (If this consent is not signed, dated and returned, your child will not receive the vaccine at school.)</p> <p>Signature of Parent/Legal Guardian _____ Date: _____</p>
<p>I DO NOT GIVE CONSENT to the Baltimore City Health Department and its staff for my child named at the top of this form to receive the H1N1 influenza vaccine.</p> <p><input type="checkbox"/> My child has/will receive the H1N1 influenza vaccine from another provider.  <input type="checkbox"/> My child will not receive the H1N1 influenza vaccine at all. Reason(s) _____</p> <p>_____          Signature of Parent/Legal Guardian _____ Date: _____</p> <p>Phone number where you can be reached on the date of vaccination , if needed _____</p>

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For Nurse's Use Only

Vaccine	Date Dose Administered	Route	Dose Number (1 <sup>st</sup> or 2 <sup>nd</sup> )	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1		<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				
2009 H1N1		<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				

\_\_\_\_\_  
Nurse Signature

Date \_\_\_\_\_