

SAN LUIS OBISPO COUNTY HEALTH AGENCY
IS OFFERING
H1N1 VACCINE

To OLD MISSION STUDENTS (5 yrs. old and older)
Free of Charge and on a Totally **Voluntary** Basis
Due to Limited Supplies, this will be on a
First Come, First Served Basis

For each child to participate:

1. Read the **Vaccine Information Sheets** for both forms of the vaccine:
 - a. **FluMist** version (Live Attenuated Influenza Virus) Nasal Spray, used for students with NO chronic or underlying health conditions.
 - b. **Injectable** version (Inactivated Flu Shot), Used for students with conditions such as asthma, heart problems or diabetes.
2. Print and Complete the Screening Questionnaire for H1N1 and Sign the Consent at the bottom.
3. Print, Sign and Date the Diocese of Monterey Influenza Vaccine Waiver form.
4. Return BOTH forms, stapled together, to each child's classroom/homeroom teacher as soon as possible.

Note: The FluMist version will be given to students during the school day and does **NOT** require a parent to be present (but they may be by appointment). The Injectable version does require a parent or guardian to be present and this will be done by appointment. Please email Gina Pinto to get on a waiting list to arrange an appointment for the injectable vaccine at **gmp0519@ymail.com** (no phone calls, please).

Dates of Vaccination are Pending Delivery of Vaccine

If your child receives the vaccine from another source before our vaccination date, please let us know so we can take them off the waiting list.

Student Name: _____ Age: _____ Room Number: _____

School: _____ Teacher: _____

Screening Questionnaire and Consent for H1N1 Influenza Vaccination

For parents of children to be vaccinated: The following questions will help us determine which type of flu vaccine we should give. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked.

	No	Yes	Unsure
(Official use only) Is the person to be vaccinated sick today? Initial _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Does your child have a severe allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? <i>If so, please list:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have any of the following: asthma (wheezing), diabetes (or other metabolic disease), or diseases of the heart, lungs, kidneys, liver, nerves or blood? <i>If so, please describe:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your child on long-term aspirin or aspirin-containing therapy (<i>for example, does your child take aspirin every day</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child have close contact with a person who needs care in a hospital protected environment (<i>for example, someone who has recently had a bone marrow transplant</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your child received any other vaccinations including seasonal flu or 2009 H1N1 flu in the past 4 weeks? If so, please list: Vaccine type: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF PERSON TO RECEIVE FLU VACCINE: _____ DATE OF BIRTH: _____ PARENT SIGNATURE OF CONSENT: I have been given copies of the 2009/10 H1N1 Flu Vaccine Information Sheets dated 10/02/09 and request that my child receive the H1N1 Flu Vaccine (2 doses 4 weeks apart for children under 10 years of age and one dose for all others). Signature: _____ Phone: _____ Date: _____ Acknowledgement of Notices of Privacy Practices (NPP): Please sign: _____ (If you would like a copy of the PHD NPP, go to www.slocounty.ca.gov/health/publichealth/hipaa/hhtm)		AGE: _____ If <10 yrs, it is recommended that a second dose of H1N1 vaccine be given at least 4 weeks after the first dose.	

Given FluMist® lot# _____ exp _____ MedImmune 0.2ml intranasal by: _____ RN, Date: _____

Given Flu Inject. lot# _____ exp _____ mfg _____ 0.5ml IM by: _____ RN, Date: _____

Influenza Vaccine Waiver

I, the parent or guardian of _____, a student at Old Mission School, San Luis Obispo, would like my child to participate in the Influenza Vaccine program offered by San Luis Obispo County. I understand that my child's participation in this program is completely voluntary and that Old Mission School is not requiring that my child participate. I understand that Old Mission School and the Diocese of Monterey Education and Welfare Corporation are providing this opportunity solely as a convenience to me as a parent and that each is not in any way involved in the delivery of the vaccine, the efficacy of the vaccine and any side effects that my child may suffer. I also understand and agree that I have been provided with information directly from San Luis Obispo County regarding the delivery of the vaccine (whether by injection or otherwise), its efficacy and any side effects and that I would like my child to receive the vaccine. I also represent and warrant that no one associated with Old Mission School or the Diocese of Monterey Education and Welfare Corporation has made any representations, warranties or given any assurances to encourage me to have my child vaccinated or that he/she will not suffer any adverse effects. I have made the decision to have my child vaccinated independently and believe it is in the best interests of my child.

I agree to hold harmless Old Mission School, the Diocese of Monterey Education and Welfare Corporation, its employees, volunteers and managing agents from any and all liability of whatever kind which may arise regarding receipt of the influenza vaccination.

Name of Child: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: