



# Moorestown Friends School

110 East Main Street • Moorestown, NJ 08057-2949 • (856) 235-2900 • Fax: (856) 235-6684 • www.mfriends.org

October 26, 2009

Dear Parents,

Moorestown Friends School has been working with the Burlington County Health Department to plan voluntary in-school vaccination clinics for the H1N1 vaccine. We have established clinic dates *for current Moorestown Friends School students only*, provided that the County receives a sufficient supply of vaccine in time:

**H1N1 Vaccination Clinic:** Thursday, November 5, 1-5 p.m.  
(Students in Preschool - Grade 2 must be accompanied by a parent/guardian.)

**Required follow-up clinic for children *under ten years old*:** Tuesday, December 1, 3-5 p.m.

**Schedule:** A more detailed schedule for vaccinations will be disseminated during the week of November 2.

**Location:** D'Olier Room of the Meeting House.

**IMPORTANT:** Deadline for signed consent form submission is Monday, November 2. Vaccinations must be pre-ordered by the school nurses. No consent forms will be accepted after the close of business (4:15 p.m.) on November 2.

Our school nurses Edie Anderson and Sheryl Gofman have been working very hard throughout this process. They have been diligent in looking at every aspect of the clinic operations to be certain that we are prepared for this undertaking.

As I'm sure many of you have questions about this process, please review the Q and A below about the H1N1 vaccination process.

Remember, this is an entirely voluntary public health clinic. It is not mandatory and is being hosted by Moorestown Friends School as a public service to our students. No child will be inoculated without the required consent form. **If you wish for your child to be vaccinated, please return the appropriate consent form to the Nurse's Office no later than Monday, November 2.**

Thank you for your prompt attention to this very important health matter.

Regards,

Laurence Van Meter  
Head of School

***Who will be getting the H1N1 inoculation?***

This is a public service being conducted by Moorestown Friends School at the request of the Burlington County Health Department in the hope of reaching as many children as possible. This is a totally voluntary program. In order for a student to be vaccinated during the clinic, parents must complete and return the authorized consent form. Those forms are found below. **No child will be inoculated without specific written parent permission via the authorized consent form.** Our in-school clinics are open only to current Moorestown Friends School students.

***Will our school nurses be administering the inoculations?***

No. Certified personnel supplied by the county health department will administer the vaccinations. Our school nurses will be the operational managers of the clinics.

***Will students receive nasal mist or injection vaccines in our clinics?***

The Burlington County Health Department has advised us that a majority of our students will be able to receive the vaccine in the form of the nasal mist. However, the nasal mist vaccine is not recommended for children with certain health conditions such as asthma, a weakened immune system, and certain muscle and nerve disorders. Please read the enclosed information carefully and **consult your physician if you are uncertain whether your child should receive the nasal mist or the shot.**

***How will we handle students who become anxious at the prospect of the vaccination?***

Students who have permission to be inoculated, but who display heightened anxiety, will not be inoculated in school. They will be sent home with a note explaining that their anxiety level precluded inoculation, and parents will be advised to consult their family physician for the vaccine.

***May parents accompany their child for inoculation during clinics?***

Yes. Moorestown Friends School is requiring that a parent or guardian accompany students in Preschool - Grade 2 to their vaccination. Parents may opt to accompany children in Grade 3 and above to their vaccination.

***How will parent consent forms be handled?***

This is a public service. It is not mandatory, and parents will have the option to have their child vaccinated in school, at their family physician or pediatrician's office, or not at all. It is urged that all children receive the H1N1 vaccine to guard against the spread of the flu, but this is a parent's choice. Consent forms are supplied in this package by the Burlington County Health Department and will be mailed to all school families and posted on the school website and Intranet (see special H1NI Vaccination Information link).

***How do I decide if my child should be vaccinated?***

This is a very important decision for you as a parent, and one that should be made in consultation with your pediatrician or family physician. Please study the information you receive with your consent forms carefully. You may also pose questions to the Burlington County Health Department at 609-265-5548.

***Is there a cost involved for inoculation in our in-school clinics?***

No. The federal government is covering all costs involved in public H1N1 vaccination clinics.

## Nasal Mist Vaccine Information and Related Forms:

This section includes the Center for Disease Control's information on the nasal mist form of the H1N1 Vaccine, ***Screening Questionnaire for Intranasal Influenza Vaccination***, and ***2009 H1N1 Intranasal Influenza Vaccine Consent Form*** for the nasal mist vaccine only.

If your child does not have health conditions that would preclude her or him from receiving the nasal mist form of the vaccine, please:

1. Complete and sign the ***Screening Questionnaire for Intranasal Influenza Vaccination***.
2. Complete and sign the ***2009 H1N1 Intranasal Influenza Vaccine Consent Form***.
3. Return both to the Nurse's Office as soon as possible and **no later than Monday, November 2**.
4. Should you have specific questions about Moorestown Friends School In-School Clinics, please contact the Nurse's Office at 856-235-2900, ext. 231.

# 2009 H1N1 INFLUENZA VACCINE

**LIVE, ATTENUATED**  
(the nasal spray vaccine)

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

### 1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (sometimes called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

### 2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu virus is a new virus strain. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

### 3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.

- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want protection from seasonal flu.*

**Live, attenuated intranasal vaccine (or LAIV)** is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

### 4 Who should get 2009 H1N1 influenza vaccine and when?

#### WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
  - live with or care for infants younger than 6 months of age, or
  - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

#### WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

## 5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 LAIV if you have a **severe (life-threatening) allergy** to **eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
  - heart disease
  - kidney or liver disease
  - lung disease
  - metabolic disease such as diabetes
  - asthma
  - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Tell your doctor if you ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain-Barré syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

## 6 What are the risks from 2009 H1N1 LAIV?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

### Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

### Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been linked to GBS.

## 7 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at:

<http://www.hrsa.gov/countermeasurescomp/default.htm>.

## 9 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
  - Visit the web at <http://www.flu.gov>



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo.) (day) (yr.)

## Screening Questionnaire for Intranasal Influenza Vaccination

**For adult patients as well as parents of children to be vaccinated:** The following questions will help us determine if there is any reason we should not give you or your child intranasal influenza vaccine (FluMist) today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider ever told you that he or she had wheezing or asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the person to be vaccinated pregnant or could she become pregnant within the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective isolation (such as in a hospital room with reverse air flow)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## 2009 H1N1 Intranasal Influenza Vaccine Consent Form

### SECTION 1: INFORMATION ABOUT PERSON RECEIVING VACCINE (PLEASE PRINT)

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH ____ / ____ / ____ month / day / year
MAILING ADDRESS			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY	STATE	ZIP	
COUNTY	MUNICIPALITY		
PHONE NUMBER	CLINIC SITE Moorestown Friends School		

### SECTION 2: SCREENING FOR INTRANASAL VACCINE ELIGIBILITY\*

Please complete the questionnaire found on the reverse side of this consent form.

### SECTION 3: CONSENT FOR VACCINATION

<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.</p> <p><b>I GIVE CONSENT</b> to the STATE/LOCAL health department/healthcare provider and associated staff to administer this vaccine to me or, if the name appearing above is a minor, to this individual as his/her parent/legal guardian. I understand that the information contained within this record is being maintained to monitor immunization needs in order to prevent disease. This information is confidential and will only be shared with organizations or persons who are authorized by law to receive it. This includes the New Jersey Department of Health and Senior Services, a health care provider or health care organization providing treatment or health care services on behalf of an individual or on behalf of a child, a child's school or childcare and anyone else authorized under law to receive it. <i>(If this consent form is not signed, dated, and returned, then the person named above will not be vaccinated.)</i></p> <p>Signature of Vaccinee/Parent/Legal Guardian: _____</p> <p>Vaccinee/Parent/Legal Guardian (Print): _____</p> <p>Date: _____</p> <p>Witness to Signature: _____</p>
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<i>FOR ADMINISTRATIVE USE ONLY</i>					
Vaccine	Date Intranasal Dose Administered	Staff Initial	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number
2009 H1N1					
2009 H1N1					

## Flu Shot Vaccine Information and Required Form:

This section includes the Center for Disease Control's information on the injectable form of the H1N1 Vaccine, and the ***2009 H1N1 Injectable Influenza Vaccine Consent Form*** for the flu shot vaccine only.

If your child's health conditions indicate that he or she should receive the flu shot, please:

1. Complete and sign the ***2009 H1N1 Injectable Influenza Vaccine Consent Form***.
2. Return it to the Nurse's Office as soon as possible and **no later than Monday, November 2.**
3. Should you have specific questions about Moorestown Friends School In-School Clinics, please contact the Nurse's Office at 856-235-2900, ext. 231.

# 2009 H1N1 INFLUENZA VACCINE

## INACTIVATED (the “flu shot”)

### WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

#### 1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (also called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

#### 2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

#### 3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.
- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want to be protected against seasonal flu.*

**Inactivated** vaccine (vaccine that has killed virus in it) is injected into the muscle, like the annual flu shot. **This sheet describes the inactivated vaccine.**

A **live, intranasal** vaccine (the nasal spray vaccine) is also available. It is described in a separate sheet.

Some inactivated 2009 H1N1 vaccine contains a preservative called thimerosal to keep it free from germs. Some people have suggested that thimerosal might be related to autism. In 2004 a group of experts at the Institute of Medicine reviewed many studies looking into this theory, and found no association between thimerosal and autism. Additional studies since then reached the same conclusion.

#### 4 Who should get 2009 H1N1 influenza vaccine and when?

##### WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccine becomes available, these groups should also be vaccinated:

- Healthy 25 through 64 year olds
- Adults 65 years and older

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

##### WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

## 5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 flu vaccine if you have a **severe (life-threatening) allergy to eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

Also tell them if you have ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain Barré Syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Pregnant or breastfeeding women can get inactivated 2009 H1N1 flu vaccine.

Inactivated 2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

## 6 What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

### Mild problems:

- soreness, redness, tenderness, or swelling where the shot was given
- fainting (mainly adolescents)
- headache, muscle aches
- fever
- nausea

If these problems occur, they usually begin soon after the shot and last 1-2 days.

### Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS.

## 7 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at: <http://www.hrsa.gov/countermeasurescomp/default.htm>.

## 9 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
- Visit the web at <http://www.flu.gov>



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



## 2009 H1N1 Injectable Influenza Vaccine Consent Form

### SECTION 1: INFORMATION ABOUT PERSON RECEIVING VACCINE (PLEASE PRINT)

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH ____ / ____ / ____ <i>month / day / year</i>
MAILING ADDRESS			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY	STATE	ZIP	
COUNTY	MUNICIPALITY		
PHONE NUMBER	CLINIC SITE Moorestown Friends School		

### SECTION 2: SCREENING FOR INJECTABLE VACCINE ELIGIBILITY\*

The following questions will help us to know if the person named above can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

If you answer "NO" to all four of the following questions, the person named above can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, you need to consult with your physician for guidance.

	YES	NO
1. Does the person named above have a serious allergy to eggs or to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person named above ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person named above ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

\*Additional screening should be done prior to administration of the intranasal (live attenuated) influenza vaccine (see Immunization Action Coalition website at <http://www.immunize.org/catg.d/p4067.pdf>)

### SECTION 3: CONSENT FOR VACCINATION

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.

**I GIVE CONSENT** to the STATE/LOCAL health department/healthcare provider and associated staff to administer this vaccine to me or, if the name appearing above is a minor, to this individual as his/her parent/legal guardian. I understand that the information contained within this record is being maintained to monitor immunization needs in order to prevent disease. This information is confidential and will only be shared with organizations or persons who are authorized by law to receive it. This includes the New Jersey Department of Health and Senior Services, a health care provider or health care organization providing treatment or health care services on behalf of an individual or on behalf of a child, a child's school or childcare and anyone else authorized under law to receive it. *(If this consent form is not signed, dated, and returned, then the person named above will not be vaccinated.)*

Signature of Vaccinee/Parent/Legal Guardian: \_\_\_\_\_

Vaccinee/Parent/Legal Guardian (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Witness to Signature: \_\_\_\_\_

#### FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route/Site	Staff Initial	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number
2009 H1N1		IM <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Arm <input type="checkbox"/> Leg				
2009 H1N1		IM <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Arm <input type="checkbox"/> Leg				