

Tri-Town Boards of Health (Boxford, Middleton, Topsfield)

Screening Questionnaire and Consent form for H1N1 Vaccination of Child <18yo

Please answer all questions on the entire form, if you are not clear on how to answer one of the questions, please ask for help:

CHILD'S NAME (Last)		(First)	(M.I.)	DATE OF BIRTH	
ADDRESS		TOWN	ZIP	AGE	GENDER M / F
PARENT/LEGAL GUARDIAN NAME AND STREET ADDRESS				PARENT/GUARDIAN INFORMATION	
TOWN		STATE	ZIP	PHONE NUMBERS	
				Home	
				Work	
				Cell	
SCHOOL NAME				GRADE/CLASS	

Has your child already received H1N1 vaccine? No Yes If yes, fill in the following information:

1st Dose Date of H1N1 Vaccination:	Where vaccinated:	Type of H1N1 Vaccine (circle): nasal mist injection
2nd Dose Date of H1N1 Vaccination:	Where vaccinated:	Type of H1N1 Vaccine (circle): nasal mist injection

Child's Health History Questions:

	YES	NO
1. Is your child sick today?		
1. Does your child have a serious allergy to eggs?		
2. Does your child have a serious allergy to gentamicin, neomycin, polymixin or gelatin?		
3. Has your child ever had a serious reaction after a previous dose of flu vaccine?		
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?		
5. Does your child have a serious latex allergy?		
6. Is your child allergic to thimerosal (a preservative found in vaccines)?		
7. Does your child have any of the following chronic health conditions: asthma, cancer, diabetes, metabolic/endocrine disease, disease of the lungs, heart, kidneys, liver, nerves or blood?		
8. Is your child on long-term aspirin therapy?		
9. Does your child have a weakened immune system?		
10. Does your child have close contact with a person who has a weakened immune system and requires care in a protected environment (for example, cancer or a recent bone marrow transplant)?		
11. Has your child received a vaccine recently? If yes, vaccine name: _____ Date Received: _____		
12. Is your child pregnant?		

Informed Consent for Vaccination:

I have reviewed the Vaccination Information Sheet from the Centers of Disease Control and Prevention. I have had the opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the H1N1 vaccine. I request that the vaccine be given to my child today. I am the parent/legal guardian who is authorized to make this request.

Signature of Parent/Legal Guardian

Date

Signature of Person Reviewing Screening Form

Date

Please do not write below this line. For vaccinator's use only:

Vaccine Name: H1N1	*Dose Given in mL: 0.2 (nasal) 0.25 (inj.) 0.5 (inj.)
Dose #: 1 or 2	*Route Given: Intranasal Intramuscular
Vaccine Manufacturer:	*Site Given: Intranasal
Vaccine Lot Number:	RA=Right Arm RL=Right Leg
Vaccine Exp. Date:	LA=Left Arm LL=Left Leg

*Vaccine Administrator Initials: _____

