**2019-2020 Injectable Influenza Vaccine (Flu Shot) Consent and Screening Form**

**Section 1: Information about the student to receive vaccine** (please print):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: (Last, First, MI) | | | Date of birth:  \_\_\_\_\_ \_\_\_\_ \_\_\_\_\_  Month Day Year | | Age | Sex: (Circle)  Male Female |
| Street Address: | | | | Student grade: | | |
| City: | State: | Zip: | | Phone: ( ) | | |

**Section 2: Consent**

|  |
| --- |
| **CONSENT FOR CHILD’S VACCINATION:** I have read or had explained to me the Vaccine Information Statement for the influenza vaccine and understand the risks and benefits. |
| **I GIVE CONSENT** for my child named at the top of this form to get vaccinated with this vaccine. (If this consent is not signed, dated and returned, my child will not be vaccinated.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  Signature of Parent/Legal Guardian Date |  |

**Complete this side only if you consented to have your child receive flu vaccine.**

Please check YES or NO for each question. If you answer “YES” to one or more of the 4 questions, your child will not be able to get flu vaccine in school, unless there is a note from your child’s health care provider saying it is OK for your child to get flu vaccine. If you answer “NO” to these questions, your child will receive the vaccine. If you are not sure of the answers, check with your child’s health care provider.

|  |  |  |
| --- | --- | --- |
|  | **NO** | **YES** |
| 1. Has your child ever had a serious reaction to a flu vaccine in the past? |  |  |
| 2. Has your child ever had a serious allergic reaction after eating eggs?\* |  |  |
| 3. Does your child have an allergy to gentamicin, neomycin, polymyxin or gelatin? |  |  |
| 4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? |  |  |

\*Please note:

* Experts now say any flu vaccine can be administered to those with a serious allergic reaction to eggs, including anaphylaxis. However, such individuals should be vaccinated in an inpatient or outpatient medical setting where **vaccine administration can be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions**.
* Children with hives only after egg exposure can be vaccinated with any flu vaccine in any usual vaccination setting.

**List all of your child’s allergies:**

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\*NOTE: In accordance with 105 CMR 220.100, all immunizations will be reported to the Massachusetts Immunization Information System (MIIS). If this immunization clinic actively reports data to the MIIS, please see the accompanying MIIS Factsheet for Parents and Patients, also available at www.mass.gov/dph/miis, for information on the MIIS and what to do if you object to your data being shared with other providers in the MIIS. Signing or refusing to sign Section 3 above will not impact the reporting of your child’s immunization information to the MIIS.