

# CCUSD FLU VACCINE SCREENING AND CONSENT FORM FOR 2020

Please print the following information for the person who is being vaccinated:

Last Name	(Full, Legal) First Name	Date of Birth	Age	Birth Gender
		/ /		M / F

If the individual being vaccinated is a CCUSD student, please circle the current school site: ER EM FA LB LH MS HS

## Part A - HEALTH INFORMATION

Please answer the following questions based on the history of the person being vaccinated-

	YES	NO
1) Has a severe allergy to eggs?		
2) Had a serious, life-threatening reaction to a previous flu vaccination?		
3) Developed Guillain-Barré Syndrome (GBS) within 6 weeks of previous flu vaccine?		

*If you checked "YES" to any of the above questions, we cannot administer the Flu vaccine.  
Please consult with your primary healthcare provider to discuss safe Flu vaccine options available to you.*

## Part B – INFORMATION REGARDING CHILDREN UNDER 9 YEARS OF AGE

*If your child is under 9 years of age and has not previously been vaccinated for the flu with 2 doses of either the nasal mist or injection, he/she will need a second flu vaccination in 4 weeks.  
Please return in 30 days for second vaccine or follow-up with your child's primary healthcare provider.*

## Part C – WRITTEN CONSENT

I have read the current Influenza Vaccine Information Statement (VIS) dated 08/15/2019 and understand the benefits and risks of flu vaccination. I also understand that this immunization will be recorded on the California Immunization Registry, which can be viewed by other healthcare professionals. I agree to these terms and consent to the administration of the flu vaccine.

If requesting this vaccine for a child under the age of 18, I hereby give my permission for the flu vaccine to be administered and certify that I am authorized to make this request. **Parent/Guardian initials here:**

<b>Signature of Person requesting vaccination</b>	<b>Date</b>

**REQUIRED INFORMATION:** for data entry - First name of Mother (of person being vaccinated):

### FOR CLINIC USE ONLY:

	Location	Date administered	Given By
Flu Injection 0.5ml IM (IIV4)	L / R Deltoid		SA DC JP AT EW RF