

GUIDANCE DOCUMENT
HEALTH SCREEN & PERMISSION FORM – Influenza Vaccine

PURPOSE OF FORM

- A. Screen both children and staff in the school clinics to make sure that they can receive the vaccine in the school clinic setting (Q1-3)**
- B. Select the appropriate type of vaccine to administer (Q4-7)**
- C. Obtain administrative information to be used for billing (Q8-13)**
- D. Obtain consent to have information entered into ImmPact2 registry (Q14)**
- E. Obtain consent from parent/guardian, or staff member for vaccination (Q15)**

A. QUESTIONS 1-3: WHO SHOULD BE REFERRED TO THEIR OWN HEALTH CARE PROVIDER?

Questions 1-3 determine if the staff person or student can be vaccinated in the school clinic setting. If any of the questions are answered with a YES then:

- This person can not receive their 2011 Influenza Vaccine in the school setting
- Refer staff or parent/guardian to see their health care provider

B. QUESTIONS 4-7: WHAT TYPE OF VACCINE SHOULD BE GIVEN?

Questions 4-7 help to determine which type of the 2011 Influenza Vaccine is appropriate for each person based on their medical history. If any of these questions are answered with a YES then:

- This person can not receive the nasal spray formulation, also known as Live, Intranasal Flu Vaccine on the Vaccine Information Statement (VIS)
- This person must receive the vaccine by an injection also known as Inactivated Flu Vaccine on the VIS.

C. QUESTIONS 8-13: ADMINISTRATIVE INFORMATION

- Questions 8-13 provide information that will be used for billing purposes.

D. QUESTION 14: CONSENT TO ENTER INFORMATION INTO ImmPact2

- Question 14 records the consent of the parent/guardian or staff member for entering the information into the ImmPact2 immunization registry

E. QUESTION 15: CONSENT FOR VACCINATION

- Question 15 records the consent of the parent/guardian or staff member to receive the vaccination for the child or him/herself