



Paul R. LePage, Governor

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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 which includes permission to have information entered into ImmPact registry
- E. Obtain signature from parent/guardian, or staff member for vaccination

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

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

- This person cannot receive their 2012/2013 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 2012/2013 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 administrative purposes.

D. CONSENT TO VACCINATE INCLUDING PERMISSION TO ENTER INFORMATION INTO ImmPact

E. SIGNATURE OF PARENT/GUARDIAN ADULT

Signature of the parent/guardian/staff indicates the consent of the parent/guardian/adult for the child or staff member to receive vaccine and to enter the information into the ImmPact immunization registry