



September 2009

Dear Parents/Guardians:

The 2009 H1N1 influenza virus has caused illness ranging from mild to severe. Many children have gotten the 2009 H1N1 infection and there have been large outbreaks in some schools across the country.

Vaccination is the best protection from this potentially serious disease. This vaccine is different from the seasonal flu vaccine. It is recommended that children and young adults from 6 months through 24 years be vaccinated against 2009 H1N1 as soon as the vaccine is available. Vaccinations will be available soon from Cincinnati Health Department.

The health department is working with your child's school to give the 2009 H1N1 influenza vaccine to children at school next month. **The vaccination is free.** For children less than 10 years old, a second dose may be required (under 9 and taking vaccine, under 10 and taking mist).

In addition to children, others will be eligible to receive the first doses of 2009 H1N1 influenza vaccine:

- Pregnant women
- People who live with, or care for, children younger than 6 months of age
- Health care and emergency medical services workers, and
- People ages 25 through 64 years who have certain health conditions such as HIV, diabetes, or heart or lung disease.

The attached consent form allows you to either accept or refuse the vaccination for your child or a person in one of the above categories. A separate consent form is required for each person being vaccinated. A consent form must be completed to receive the vaccine:

- 1) Sign and date the consent form and return it to school. School staff will let you know when the vaccination clinic will take place. If you change your mind about consent or need additional forms, call the Cincinnati Health Department School Health Office at 513-357-2815.
- 2) Print the consent form from the Cincinnati Public Schools web site <http://www.cps-k12.org> and return it to school.

Please return the completed vaccine consent form by Wednesday, October 7, 2009.

If you have any questions about the vaccine or the vaccination clinics, please call: 513-357-2815. For more information on H1N1, visit <http://www.cdc.gov/h1n1flu/> or <http://www.cdc.gov/h1n1flu/parents>. Your child's health care provider can answer your questions about the 2009 H1N1 influenza virus and may be able to give your child the 2009 H1N1 vaccine and the seasonal influenza vaccine.

Sincerely,

Handwritten signature of Mary Ronan.

Mary Ronan,
Superintendent of Schools
Cincinnati Public Schools

Handwritten signature of Marilyn Crumpton.

Marilyn Crumpton, MD, MPH
Medical Director for School & Adolescent Health
Cincinnati Health Department

Cincinnati Health Department Consent Form for Free 2009 H1N1 Influenza Vaccine

Section 1: Information about the Person to Receive Vaccine (please print)

NAME (Last)		(First)	(M.I.)	DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	AGE	GENDER M / F
ADDRESS			DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
SCHOOL NAME			GRADE/HOMEROOM		

Section 2: Screening for Vaccine Eligibility

If the person has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

Date received: month _____ day _____ year _____ Form (please circle): nasal spray shot
 Date received: month _____ day _____ year _____ Form (please circle): nasal spray shot

The following questions will help us know if the person can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

A. Please check all that apply for the person listed above:

- _____ Is between 6 months and 24 years old
- _____ Lives with or cares for children less than 6 months of age
- _____ Is pregnant
- _____ Works in healthcare or emergency services
- _____ Is 25 thru 64 years old and has a chronic health condition (please list: _____)
- _____ Does not fit any category but would like to be vaccinated

B. If you answer "NO" to all four of the following questions, the person can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, the person may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	YES	NO
1. Does the person have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person ever had Guillain-Barré Syndrome (a temporary severe muscle weakness) within 6 weeks after receiving flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

C. There are two kinds of 2009 H1N1 vaccine. Your answers to these questions will help us know which of the two kinds of vaccine the person can get.

	YES	NO
1. Has the person received any of the following vaccinations within the past 30 days? MMR, Varicella, FluMist If yes, give type and date. Recent Vaccinations: _____ Date given: month _____ day _____ year _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the person on long-term aspirin or aspirin-containing therapy (for example, does the person take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the person have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the person have close contact with someone who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Consent

CONSENT FOR VACCINATION:

I understand that I will receive the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and the Cincinnati Health Department Notice of Privacy Practices at the time of vaccination.

I GIVE CONSENT to the Cincinnati Health Department and its staff for the person named at the top of this form to receive this vaccine.
(If this consent form is not signed, dated, and returned, the vaccination will not be given)
Signature of Person/Parent/Legal Guardian _____
Date: month _____ day _____ year _____

I DO NOT GIVE CONSENT to the Cincinnati Health Department health and its staff for my child named at the top of this form to be vaccinated.
Signature of Person/Parent/Legal Guardian _____
Date: month _____ day _____ year _____

Section 4: Vaccination Record (FOR ADMINISTRATIVE USE ONLY)

Vaccine	Date Dose Administered	Route	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal			
Required Booster if < 9 years	/ /	↑ IM ↑ Intranasal			