



*"To improve the health of our communities by identifying sustainable solutions to community health issues, developing partnerships for implementation of strategies, and demonstrating our success through measurement of outcomes."*

October 14, 2009

Dear Parents/Guardians:

The influenza virus called "H1N1 flu" or "Swine flu" is circulating in the United States. The virus has caused illness ranging from mild to severe, including hospitalizations and deaths in adults and children. The Centers for Disease Control and Prevention (CDC) and Central District Health Department (CDHD) recommends that children and young adults aged 6 months through 24 years be vaccinated against H1N1 influenza virus. Vaccination is the best way to protect your child from this potentially serious disease.

CDHD is working with your child's school to make the H1N1 influenza vaccine available to children at school. We will hold **free** vaccination clinics starting the week of October 19. We will be administering nasal spray vaccine for all children except for those who have certain medical conditions such as asthma and diabetes. Section 5 of the enclosed Nasal Spray Vaccine Information Statement lists conditions that exclude children from getting this vaccine. These children will receive the flu shot.

If your child is not available to get the vaccine the day of his or her school clinic, they can still get the free vaccine from one of our community clinics on Saturday's starting October 24 from 10 a.m. to 6 p.m. The clinics will be held at the old CompUSA on Milwaukee and the old K-Mart at Park Center and Apple.

In addition, children under 10 years of age need two doses of vaccine spaced at least 4 weeks apart. Depending on the number of children getting the first dose of vaccine in this age group, we may conduct additional school clinics for the second dose. We will also have the vaccine available for **free** at CDHD's office located at 707 N. Armstrong Place in Boise by mid to late November.

Enclosed in this packet are the H1N1 Vaccine Information Statements and the Consent Form. **Please keep the Vaccine Information Statements for your records, and complete the Consent Form and return it to the school as soon as possible if you would like your child to be vaccinated.** If your child does not present a consent form at the time of the clinic, he or she will not be vaccinated at the school clinic.

The school clinic schedule is listed on the back on this letter. The schedule is subject to change based on vaccine availability. Any updates will be posted on our website at [www.cdhd.idaho.gov](http://www.cdhd.idaho.gov). You may obtain additional information about the H1N1 virus and vaccine on our website or you may call our hotline: (208) 321-2222 weekdays between the hours of 8 a.m. and 5 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell A. Duke".

Russell A. Duke  
Director, Central District Health Department

Enclosures

## School H1N1 Vaccination Schedule

Week of October 19

This schedule is tentative and subject to change. Please visit the CDHD website ([www.cdhd.idaho.gov](http://www.cdhd.idaho.gov)) for the most up to date information. Not all schools in the Boise and Meridian School Districts will be covered in the week of October 19. If your child's school is not on this list, the in-school vaccination clinic will be scheduled for a later date.

### Boise School District

#### Monday, October 19:

Adams Elementary  
Garfield Elementary  
Hawthorne Elementary  
Jefferson Elementary  
Liberty Elementary  
Monroe Elementary  
Owyhee Elementary  
Riverside Elementary  
Roosevelt Elementary  
Trailwind Elementary  
White Pine Elementary  
Whitney Elementary

#### Tuesday, October 20:

Collister Elementary  
Cynthia Mann Elementary

Grace Jordan Elementary  
Hidden Springs Elementary  
Highlands Elementary  
Hillcrest Elementary  
Language Academy  
Longfellow Elementary  
Lowell Elementary  
Marian Pritchett School  
Pierce Park Elementary  
Shadow Hills Elementary  
Taft Elementary  
Washington Elementary

#### Wednesday, October 21:

Amity Elementary  
Hillside Jr High  
Horizon Elementary

Koelsch Elementary  
Maple Grove Elementary  
Morley Nelson Elementary  
Mountain View Elementary  
Riverglen Jr High  
South Jr High  
Valley View Elementary  
Whittier Elementary

#### Thursday, October 22:

East Jr High  
Fairmont Jr High  
Frank Church Alt HS  
Les Bois Jr High  
Madison Early Childhood  
North Jr High  
West Jr High

### Meridian School District

#### Monday, October 19:

Chaparral Elementary  
Chief Joseph Elementary  
Discovery Elementary  
Mary Mac Elementary  
Pepper Ridge Elementary  
Ponderosa Elementary  
Siena Elementary

#### Tuesday, October 20:

Desert Sage Elementary  
Donnell Elementary  
Hunter Elementary

Lake Hazel Elementary  
Linder Elementary  
Meridian Elementary  
Peregrine Elementary  
Silver Sage Elementary

#### Wednesday, October 21:

Frontier Elementary  
McMillan Elementary  
Paramount Elementary  
Pioneer Elementary  
Prospect Elementary  
River View Elementary

Spalding Elementary  
Ustick Elementary

#### Thursday, October 22:

Andrus Elementary  
Eagle Elementary  
Eagle Hills Elementary  
Galileo Elementary  
Joplin Elementary  
Seven Oaks Elementary  
Star Elementary  
Summerwind Elementary

# 2009 H1N1 INFLUENZA VACCINE

## INACTIVATED (the “flu shot”)

### WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

#### 1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (also called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

#### 2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

#### 3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.
- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want to be protected against seasonal flu.*

**Inactivated** vaccine (vaccine that has killed virus in it) is injected into the muscle, like the annual flu shot. **This sheet describes the inactivated vaccine.**

A **live, intranasal** vaccine (the nasal spray vaccine) is also available. It is described in a separate sheet.

Some inactivated 2009 H1N1 vaccine contains a preservative called thimerosal to keep it free from germs. Some people have suggested that thimerosal might be related to autism. In 2004 a group of experts at the Institute of Medicine reviewed many studies looking into this theory, and found no association between thimerosal and autism. Additional studies since then reached the same conclusion.

#### 4 Who should get 2009 H1N1 influenza vaccine and when?

##### WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccine becomes available, these groups should also be vaccinated:

- Healthy 25 through 64 year olds
- Adults 65 years and older

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

##### WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

## 5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 flu vaccine if you have a **severe (life-threatening) allergy to eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

Also tell them if you have ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain Barré Syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Pregnant or breastfeeding women can get inactivated 2009 H1N1 flu vaccine.

Inactivated 2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

## 6 What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

### Mild problems:

- soreness, redness, tenderness, or swelling where the shot was given
- fainting (mainly adolescents)
- headache, muscle aches
- fever
- nausea

If these problems occur, they usually begin soon after the shot and last 1-2 days.

### Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS.

## 7 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at: <http://www.hrsa.gov/countermeasurescomp/default.htm>.

## 9 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
- Visit the web at <http://www.flu.gov>



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



# 2009 H1N1 INFLUENZA VACCINE

**LIVE, ATTENUATED**  
(the nasal spray vaccine)

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

### 1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (sometimes called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

### 2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu virus is a new virus strain. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

### 3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.

- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want protection from seasonal flu.*

**Live, attenuated intranasal vaccine** (or LAIV) is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

### 4 Who should get 2009 H1N1 influenza vaccine and when?

#### WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
  - live with or care for infants younger than 6 months of age, or
  - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

#### WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

## 5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 LAIV if you have a **severe (life-threatening) allergy** to **eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
  - heart disease      - kidney or liver disease
  - lung disease      - metabolic disease such as diabetes
  - asthma      - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Tell your doctor if you ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain-Barré syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

## 6 What are the risks from 2009 H1N1 LAIV?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

### Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

### Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been linked to GBS.

## 7 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at:

<http://www.hrsa.gov/countermeasurescomp/default.htm>.

## 9 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
  - Visit the web at <http://www.flu.gov>



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



# SCHOOL-BASED 2009 H1N1 INFLUENZA VACCINE CONSENT FORM

Student's Name (First): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M or F Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

	Yes	No
Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine	<input type="checkbox"/>	<input type="checkbox"/>

**There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine your child can get.**

	Yes	No
Has your child received any other vaccinations in the past 4 weeks? Vaccine: _____ Date given: month _____ day _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your child 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"/>
Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child 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"/>
Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child pregnant or could she become pregnant within the next month?	<input type="checkbox"/>	<input type="checkbox"/>

**IRIS:** I give permission to enroll me or my child and to transfer my or my child's immunization records into the Idaho Immunizations Reminder Information System (IRIS) to ensure that this vaccination record is available to me, my or my child's health care providers and schools. I understand I may be asked for information that will help ensure my or my child's records are accurate and will not be confused with another person's records, such as: mother's maiden name, telephone number, child's gender, and child's eligibility for free vaccine.

I authorize inclusion of all information into IRIS. \_\_\_\_\_ NO (do not enroll me/my child in IRIS)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

**I GIVE CONSENT** to Central District Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school)

Signature of Parent/Legal Guardian \_\_\_\_\_  
Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**I DO NOT GIVE CONSENT** to Central District Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian \_\_\_\_\_  
Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

### For Official Use Only

Flu Manufacturer:  Sanofi  Aventis  GSK  MedImmune Lot#: \_\_\_\_\_

Dose:  0.25 ml  0.5 ml

Inject Site:  Lt  Rt  deltoid  thigh Other: \_\_\_\_\_

Nasal Spray Lot#: \_\_\_\_\_

Date Given: \_\_\_\_\_ Signature of Administrator: \_\_\_\_\_

# FORMA DE CONCENTIMIENTO PARA INFLUENZA H1N1 2009 PARA LAS ESCUELAS

Primer Nombre de Estudiante: \_\_\_\_\_ Segundo: \_\_\_\_\_ Apellido: \_\_\_\_\_  
 Fecha de Nacimiento: \_\_\_\_\_ Género: M / F Edad: \_\_\_\_\_  
 Domicilio: \_\_\_\_\_ Código Postal: \_\_\_\_\_  
 Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
 Nombre de Padres/Guardián: \_\_\_\_\_ Apellido de Soltera de su Mama: \_\_\_\_\_  
 Nombre de Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

**Las siguientes preguntas nos ayudarán a saber si usted o su hijo(a) pueden recibir la vacuna para H1N1 2009. Por favor de marcar SI o NO para cada pregunta.**

	Si	No
Tiene su hijo(a) alergia a huevos?	<input type="checkbox"/>	<input type="checkbox"/>
Tiene su hijo(a) otras graves alergias? Por favor lista: _____	<input type="checkbox"/>	<input type="checkbox"/>
Ha tenido su hijo(a) alguna reacción seria a alguna vacuna de la gripe anterior?	<input type="checkbox"/>	<input type="checkbox"/>
Ha tenido su hijo(a) el síndrome de Guillain-Barre (un tipo de debilidad seria temporalmente en los músculos) dentro de 6 semanas después de ver recibido la vacuna de la gripe?	<input type="checkbox"/>	<input type="checkbox"/>

**Hay dos tipos de la vacuna H1N1 2009 Influenza. Sus respuesta a las siguientes preguntas nos ayudarán a saber cual de las dos clases de vacuna pueda recibir su niño(a).**

	Si	No
¿Ha recibido su hijo(a) vacunas en las ultimas 4 semanas? Vacuna: _____ Fecha recibida: mes _____ día _____	<input type="checkbox"/>	<input type="checkbox"/>
¿Su hijo(a) tiene alguno de los siguiente: asma, diabetes (o alguna otra enfermedad metabólica), o enfermedad de los riñones, del corazón, de los pulmones, los nervios, el hígado o enfermedad de la sangre?	<input type="checkbox"/>	<input type="checkbox"/>
¿Su hijo(a) toma aspirina a largo plazo (por ejemplo, toma su hijo(a) aspirina todos los días)? O recibe terapia conteniendo aspirina	<input type="checkbox"/>	<input type="checkbox"/>
¿Su hijo(a) tiene el sistema inmunológico débil debido a (VIH/SIDA, o a otra enfermedad que afecta el sistema inmuloógico, tratamiento a largo plazo con medicamentos como esteroides o tratamiento contra el cáncer como rayos X o medicamentos)?	<input type="checkbox"/>	<input type="checkbox"/>
¿Su hijo(a) espera tener contacto cercano con una persona que debe tener su ambiente protegido (por ejemplo, una persona que a tenido recién un transplante de medula ósea)?	<input type="checkbox"/>	<input type="checkbox"/>
¿Su hija puede estar embarazada o podría quedar embarazada en el próximo mes?	<input type="checkbox"/>	<input type="checkbox"/>

**IRIS:** Yo doy permiso para que registren mi nombre o el de mi hijo y para que **transfieran** mis registros de vacunas o los de mi hijo al **Sistema de Información para el Recordatorio de las Vacunas** para asegurarse de que este registro de vacunas esta disponible para mi uso, para el proveedor del cuidado de la salud mío o el de mi hijo, para los proveedores del cuidado infantil y para las escuelas. Comprendo de que tal vez me pidan información para que puedan mantener los registros correctos y que no sean confundidos con los de otra persona, como: el nombre de soltera de mi madre, numero de teléfono, sexo y la elegibilidad de mi hijo para recibir vacunas gratis. Yo autorizo la inclusión de toda esta información en el IRIS. \_\_\_\_\_ NO (No me inscriba a mi o mi niño en IRIS)

Signatura \_\_\_\_\_ Date \_\_\_\_\_

### CONSENTIMIENTO

He leído o se a explicado a mi la información acerca de la vacuna H1N1 influenza 2009-2010. Entiendo los beneficios y riesgos.

**Yo doy consentimiento** para que el Departamento de Salud Central y su personal atiendan a mi hijo(a) normado arriba para recibir esta vacuna. (Si esta forma no se regresa, llenada y firmada, su hijo(a) no recibirá la vacuna en la escuela)

Firma de Padre(s)/Guardián: \_\_\_\_\_

Fecha: Mes \_\_\_\_\_ Día \_\_\_\_\_ Año \_\_\_\_\_

**Yo no doy consentimiento** para que el Departamento de Salud Central y su personal vacunen a mi hijo(a) nombrado arriba.

Firma de Padre(s)/Guardián \_\_\_\_\_

Fecha: Mes \_\_\_\_\_ Día \_\_\_\_\_ Año \_\_\_\_\_

### For Official Use Only

Flu Manufacturer:  Sanofi  Aventis  GSK  MedImmune Lot#: \_\_\_\_\_

Dose:  0.25 ml  0.5 ml

Inject Site:  Lt  Rt  deltoid  thigh Other: \_\_\_\_\_

Nasal Spray Lot#: \_\_\_\_\_

Date Given: \_\_\_\_\_ Signature of Administrator: \_\_\_\_\_