



**Town of Stow
Board of Health
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Stow, Massachusetts 01775
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The Stow Board of Health, in conjunction with the Medical Reserve Corps and the Acton Public Health Nursing Service, will be conducting an **H1N1 Clinic** on Saturday, December 12, from 9AM – 2PM at the Hale Middle School.

In accordance with CDC guidelines, this initial allotment of H1N1 vaccine will be offered to the following high-risk groups only:

- All children, 6 months to 18 years of age**
- Pregnant women, up to 2 weeks post partum (including after pregnancy loss)**
- Household contacts and caregivers of infants younger than 6 months of age**
- Household contacts of pregnant women in their third trimester (to ensure their infants go home to a safe environment)**
- Healthcare personnel with direct patient contact**

The H1N1 vaccine will be offered by injection or, for those eligible to receive it, by intranasal spray. Information regarding both forms of H1N1 vaccine is available by clicking here:

<http://dchealth.dc.gov/doh/lib/doh/h1n1/vis-h1n1-prelicensure.pdf> (injection)

<http://www.cdc.gov/vaccines/Pubs/vis/downloads/vis-fluive.pdf> (intranasal)

Attached is the Screening/Consent Form that all participants in the H1N1 clinic will be asked to complete before receiving their vaccine. Completing this form in advance and bringing it to the clinic will expedite the vaccination process. Additional copies of all paperwork will be available at the clinic as well. Screeners will be present to answer any questions you may have regarding the Screening/Consent Forms as well as the H1N1 Vaccine.

The H1N1 vaccine will be administered free of charge. No preregistration is necessary. All children under the age of 18 must be accompanied by a parent or legal guardian. Please bring proof of Stow residency.

**Stow Board of Health/Medical Reserve Corps
Acton Public Health Nursing Service
(978) 897 4592
2009 H1N1 Flu Vaccine Consent Form**

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

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

Section 2: Screening for Vaccine Eligibility

If you have already been vaccinated with 2009 H1N1 flu vaccine, please tell us the number of doses and dates of vaccination.

Dose 1 Date received: month ___ day ___ year _____ Form (please circle): nasal spray shot

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

A. If you answer "YES" to one or more of the following questions, you will not be able to receive the 2009 H1N1 vaccine today unless you have a note from your health care provider approving the vaccination. If you are not sure of the answers to these questions, please check with your healthcare provider.

	YES	NO
1. Do you have a serious allergy to eggs?		
2. Do you have a serious allergy to gentamicin, neomycin, polymixin or gelatin?		
3. Have you ever had a serious reaction to a previous dose of flu vaccine?		
4. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

B. These questions pertain to the FluMist, the mist vaccine currently available. Your answers to the following questions will help us determine if you are able to receive the nasal spray vaccine.

	YES	NO
1. Have you been vaccinated with any vaccine (not just flu) within the past 30 days?		
2. Do you have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
3. If you are 2-4 years of age, has a healthcare provider told you that you have had wheezing or asthma within the last 12 months?		
4. Are you on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?		
5. Do you have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?		
6. Are you pregnant?		
7. Do you have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?		

List any serious allergies: _____

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

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

I GIVE CONSENT for my child named at the top of this form to get vaccinated with this vaccine. Children younger than 10 years of age need 2 doses of vaccine. (If this consent is not signed, dated and returned, then my child will not be vaccinated.)

Signature of Parent/Legal Guardian _____

Date: month day year

