



Paul R. LePage, Governor

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## **HEALTH SCREEN & PERMISSION FORM – Influenza Vaccine GUIDANCE DOCUMENT**

### **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 (Q8-12).
- 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 2014/2015 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 2014/2015 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.
- This person may be referred to their health care provider based on the medical judgment of clinic health care staff.

### **C. QUESTIONS 8-12: ADMINISTRATIVE INFORMATION**

- Questions 8-12 provide information that will be used for administrative, vaccine procurement and for billing purposes

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

### **E. SIGNATURE OF PARENT/GUARDIAN ADULT**

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