



Fond du Lac County Health Department
160 S. Macy Street
Fond Du Lac, WI 54935
920-929-3085

FOR OFFICE USE ONLY:
 WIR _____



Public Health
Prevent. Promote. Protect.
Fond du Lac County
Health Department

SCHOOL INFLUENZA CONSENT FORM
STUDENTS AGES 3 YEARS THROUGH HIGH SCHOOL
Authorization to Receive 2023-2024 Attenuated Influenza Vaccine (FluMist) or
Inactivated influenza Vaccine (Injectable)

Information collected on this form will be used to document authorization for receipt of 2023-2024 influenza vaccine at your student's school. Information may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your student.

Person being vaccinated name :-----PLEASE PRINT CLEARLY-----				Date of Birth (mm-dd-yyyy)	
Last:		First:	Middle:	-	
Street Address:				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
City		State	Zip Code	Telephone Number ()	
Race (Check One) <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American				Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Mother's Maiden Name (Last, First)			Name of School:		Grade:
Name of Parent or Guardian Responsible for Child if under 18: (Last, First Middle)				Relationship to child:	

- Yes No Parent/guardian prefers **ONLY INJECTABLE** influenza vaccine to be given to person being vaccinated.
- Yes No Person being vaccinated be assisted by school or health department staff during vaccination? (light hug, hold hand, support head)
- The following questions below will determine if person being vaccinated is eligible to receive the 2023-2024 Influenza vaccine FluMist (in the nose). Questions answered "Yes" means person is eligible for 2023-2024 Influenza vaccine injectable (shot) or will be deferred and not given vaccine.**
- Yes No Person being vaccinated have a nasal condition serious enough to make breathing difficult?
- Yes No Person being vaccinated experienced wheezing in the past 12 months?
- Yes No Person being vaccinated ever had a serious reaction to a previous dose of flu vaccine, egg allergy, or other life-threatening allergy?
- Yes No Person being vaccinated received any vaccinations in the last 4 weeks? If yes; list _____
- Yes No Person being vaccinated ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness)?
- Yes No Person being vaccinated have a chronic medical condition such as asthma, diabetes, heart, lung, or kidney diseases?
- Yes No Person being vaccinated have close contact with a person whose immune system is severely compromised and must be in a protected environment, or isolation? (ie, someone who has recently had a bone marrow transplant?)
- Yes No Person being vaccinated have
- a) An open channel between cerebral spinal fluid (CSF) and the mouth, throat, nose or ear or any other cranial CSF leak?
- b) A cochlear implant?
- c) Immunocompromising condition due to any cause such as medications, cancer, HIV infection, missing or non-functioning spleen?
- Yes No Person being vaccinated receiving aspirin or salicylate containing medication on a daily basis?
- Yes No Person being vaccinated currently taking influenza antiviral medications (Tamiflu) or have they taken any in the last 3 weeks?
- Yes No Person being vaccinated currently pregnant or chance of being pregnant?

I have been offered, read, or have had explained to me the 8/6/21 Vaccine Information Statement for influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine be given to the person named above for whom I am authorized to make this request by the Fond du Lac County Health Department. If person vaccinated is less than 9 years of age, this consent authorizes the second dose of influenza vaccine if medically indicated. Consent can be revoked by notifying the Fond du Lac County Health Department @ (920)929-3085.

I give permission to share the person vaccinated immunization records including those provided to school(s) with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization. Check here if you do NOT give your permission to share:

SIGNATURE- Person to receive vaccine or person authorized to sign on the patient's behalf. X	Date Signed:
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OFFICE USE ONLY

DOSE #1 Date: _____
Medimmune MIST

GSK FluLaval IM: RD LD

Lot # TH2108

Lot # 7A5C3 / Lot # 2MA3K / Lot# 9739N

DOSE #2 Date: _____
Medimmune MIST

GSK FluLaval IM: RD LD

Lot # TH2108

Lot # 7A5C3 / Lot # 2MA3K / Lot# 9739N

RN SIGNATURE: _____ RN

RN SIGNATURE: _____ RN

UPDATED 9/23