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

<table>
<thead>
<tr>
<th>STUDENT'S NAME (Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
<th>STUDENT'S DATE OF BIRTH</th>
<th>STUDENT'S AGE</th>
<th>STUDENT'S GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENT/LEGAL GUARDIAN'S NAME (Last)</td>
<td>(First)</td>
<td>(M.I.)</td>
<td></td>
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<tr>
<td>ADDRESS</td>
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<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
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Section 2: Screening for Vaccine Eligibility

If your child has 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 your child 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, your child will not be able to receive the 2009 H1N1 vaccine in school unless there is a note from your child’s health care provider approving the vaccination. If you are not sure of the answers to these questions, please check with your child’s healthcare provider.

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

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

1. Has your child been vaccinated with any vaccine (not just flu) within the past 30 days? □ YES □ NO
2. 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? □ YES □ NO
3. If your child is 2-4 years of age, has a healthcare provider told you that your child had wheezing or asthma within the last 12 months? □ YES □ NO
4. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)? □ YES □ NO
5. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)? □ YES □ NO
6. Is your child pregnant? □ YES □ NO
7. 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)? □ YES □ NO

List other 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