

INFLUENZA A(H1N1) VACCINATION CAMPAIGN IN SCHOOLS

SECTION A

CHILD'S IDENTIFICATION

LAST NAME

FIRST NAME

M F
GENDER

____/____/____
YEAR MONTH DAY
DATE OF BIRTH

HEALTH INSURANCE NUMBER

____/____
YEAR MONTH
EXPIRATION DATE

ADDRESS

POSTAL CODE

FATHER'S NAME

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PHONE – HOME

PHONE – WORK

MOTHER'S NAME

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PHONE – HOME

PHONE - WORK

TUTOR'S NAME (IF APPLICABLE)

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PHONE – HOME

PHONE - WORK

SECTION B

SCHOOL ATTENDED BY THE CHILD

NAME OF SCHOOL :

SECTION C CHILD'S MEDICAL AND VACCINATION HISTORY

1. Has your child ever had a reaction to a vaccine that was severe enough so that he or she had to see a doctor or go to the hospital?
 YES NO
2. Has your child ever had an allergic reaction to eating eggs that required immediate medical care?
 YES NO
3. Does your child have a coagulation disorder that requires regular medical care (e.g. reduced platelet count, hemorrhagic disorder) or the use of anticoagulants (e.g. coumadin, warfarin, warfilone, heparin)?
 YES NO
4. Does your child have an illness for which he/she must see a physician on a regular basis (examples : asthma, other lung disease, diabetes, heart disease, etc.)?
 YES NO
5. Does your child have an immune system disorder or weakened immune system due to illness (example : leukemia) or medication (example : chemotherapy)?
If your child has one of these conditions, a second dose of vaccine may be necessary. Please discuss this with your child's doctor.
 YES NO

SECTION D PARENTAL or TUTOR'S CONSENT (DECISIONS)

As the parent or tutor of a child aged less than 14 years, you are responsible for making all decisions regarding the child's vaccination. A child aged 14 and over can consent by him or herself to vaccination. Consent implies that this vaccination will be recorded in the provincial vaccination registry.

The enclosed fact sheet will provide you with information to help you make an informed decision. For additional information about this vaccine, please call the Info-Santé hotline (8-1-1) or consult pandemiequebec.qc.ca.

Indicate whether you agree or decline to have your child vaccinated against the influenza A (H1N1) virus. This consent or refusal must be checked by the child aged 14 and over.

- I AGREE** to have my child vaccinated against the influenza A (H1N1) virus and to have the child transported to the vaccination center by the school transportation.
- I DECLINE** to have my child vaccinated against the influenza A (H1N1) virus.
- My child has already been vaccinated** against the influenza A (H1N1) virus.

X _____ / /
Signature of the child's mother, father or tutor or by the child aged 14 and over YEAR MONTH DAY
(Please sign with a pen)

Name in block letters : _____