

November 13, 2009

Dear Benzie County Central School Parents & Guardians:

Benzie County Central Schools was notified earlier this week that our scheduled H1N1 Vaccination Clinics were postponed due to the shortage of vaccine. The Benzie/Leelanau Health Dept. has coordinated one location site to conduct a first round of vaccinations, Wednesday, November 18, 2009 from 4-7 p.m. at the Benzie Central Middle/High School Campus. As more information is received, a revised schedule will be released detailing planned times and locations throughout the district.

Some important issues for you to know include:

- While we encourage all parents and guardians to immunize their children for the Swine/H1N1 Flu, it is not required. It is your choice.
- We will require that a parent or guardian sign the attached consent form and be present for the clinic. (Completing the form ahead of the clinic will save you wait time.)
- This vaccine is produced just like the regular flu vaccine and is safe and effective.
- Children under 10 years old need to get two vaccinations, at least 3 weeks apart.
- There is NO charge for the vaccine.
- Check with your family doctor if you are not sure if your child should get immunized for the H1N1 flu. You may also receive the vaccine from your family doctor.
- There are two types of H1N1 vaccine (the nasal spray and the injectable). Vaccine information sheets are included, along with the H1N1 consent form. Vaccine availability and your child's health information will determine which form or vaccine your child may receive. These consent forms and vaccine information sheets will be distributed through your school and will also be available for parents at the clinic.

For further information regarding this vaccination program, please contact Michelle Klein, Communicable Disease Coordinator/Benzie-Leelanau District Health Department at (231) 256-0210.

Sincerely,

David Micinski, Superintendent

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**Benzie-Leelanau District Health Department
2009 H1N1 Influenza Vaccine Consent Form**

PERSON RECEIVING VACCINE:

NAME: (Last) _____ (First) _____ DATE OF BIRTH _____ AGE _____

ADDRESS: (Street) _____ (City) _____ State _____ Zip _____

IS THIS PERSON UNDER THE AGE OF 18? (Circle One) YES NO

If under age 18, please complete the following:

SCHOOL NAME: _____ GRADE _____

PARENT/GUARDIAN NAME: _____ DAYTIME PHONE NUMBER: _____

If the vaccine has Medicaid/Medicare, please write in the insurance #

SIGNATURE

I give consent to the Benzie-Leelanau District Health Department and its staff for the person listed above to be vaccinated with the 2009 H1N1 influenza vaccine. If this consent form is not signed, dated, and returned, then you or your child will not be vaccinated at school. I have read or had explained to me the Vaccine Information Statement for the 2009 H1N1 vaccine and understand the risks and benefits.

If under 18 years of age, parent or legal guardian must sign consent!

SIGNATURE _____ DATE _____

Person signing is (Circle One): **Vaccinee** (Person receiving vaccine) Parent Guardian

The following questions will help us determine if you or your child can get the 2009 H1N1 Influenza vaccine. Please mark YES or NO for each question.

	YES	NO
Does the vaccinee have a serious allergy to eggs?		
Does the vaccinee have any serious allergies? Please list _____		
Has the vaccinee ever had a serious reaction to a previous dose of flu vaccine?		
Has the vaccinee ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks of receiving flu vaccine?		

If YES, may not be eligible to receive any influenza vaccine

	YES	NO
Does the vaccinee have any of the following: recurrent wheezing, asthma, diabetes (or other type of metabolic disease), or disease of the lungs, kidneys, liver, nerves or blood?		
Is the vaccinee on long-term aspirin or aspirin containing therapy (i.e. take aspirin everyday)?		
Does the vaccinee have a weak immune system (i.e. HIV, cancer, medications such as steroids or cancer treatments)?		
Is the vaccinee pregnant?		
Does the vaccinee have close contact with someone who needs care in a protected environment (for example, a recent bone marrow transplant)?		

If YES, may not be eligible for intranasal vaccine

Has the vaccinee already been vaccinated with 2009 H1N1 influenza vaccine? YES NO

Date vaccine given _____

Type of vaccine: (circle one) Nasal Spray Shot

Has the vaccinee already been vaccinated with the seasonal flu vaccine? YES NO

Date vaccine given: _____

Type of vaccine (circle one) Nasal Spray Shot

Date last dose given: _____

Has the vaccinee been given any other vaccines within the past 30 days? YES NO

Type of vaccine: _____

Date vaccine given: _____

Has the vaccinee taken any influenza antiviral medications in the last week (ex. Tamiflu, Relenza)?

YES NO Date last dose given _____

Do Not Write Below This Line

Scan Form Used (Signature only required on this form)

Vaccine	Date administered and VIS Given	Route	Dose Number	Vaccine Manufacturer	Lot Number	Date of VIS
2009 H1N1		<input type="checkbox"/> IM <input type="checkbox"/> Intranasal	<input type="checkbox"/> 1 <input type="checkbox"/> 2			

Signature and Title of Vaccine Administrator _____