

School Consent for 2009 H1N1 Influenza Intranasal Vaccine

Section 1: Information about Child to Receive Vaccine (PLEASE PRINT CLEARLY)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH Month Day Year		
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M \ F	
STUDENT'S ADDRESS				STUDENT'S RACE (Check all that apply)		
CITY		COUNTY		<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify): _____		
STATE	ZIP	SCHOOL NAME	GRADE			
PARENT/GUARDIAN DAYTIME PHONE NUMBER				STUDENT'S ETHNICITY Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 H1N1 influenza vaccine (NOT SEASONAL INFLUENZA 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
 Dose 2 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 influenza vaccine. Please mark YES or NO for each question.

	YES	NO
1. Does your child have an allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other allergies? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
5. 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 (neurologic or neuromuscular), or blood?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day?)	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer?)	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
9. 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)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "NO" to all of the questions above, your child can probably get the 2009 H1N1 influenza vaccine. If you answered "YES" to one or more of the questions, you should contact your child's health care provider or your local health department to discuss your options for vaccinations.

If you answered "NO" to all of the questions above, please answer the following question:

	YES	NO
1. Has your child received any other vaccine (not just flu) within the past 30 days? Vaccine: _____ Date received: Month ____ Day ____ Year ____	<input type="checkbox"/>	<input type="checkbox"/>

If you have any questions about the 2009 H1N1 influenza vaccine, call your child's health care provider or your local health department. Information is also available from the Maryland Department of Health and Mental Hygiene at www.dhmm.state.md.us/swineflu/ or at www.flu.gov.

All of the information that you have provided will be kept confidential. If you would like a copy of the Notice of Privacy Practices, it is available at www.hhs.gov/ocr/hipaa.

Section 3: Consent

<p>CONSENT FOR CHILD'S VACCINATION:</p> <p>By signing this form, I give permission for my child to be vaccinated and I agree that:</p> <ul style="list-style-type: none"> • The information above is correct. • I have read the "2009 H1N1 Influenza Vaccine Information Statement" or someone has read it to me. • I understand the risks and benefits of getting the H1N1 vaccine. • Any questions I had about the vaccine have been answered. • I have been offered a copy of the Notice of Privacy Practices. <p>Signature of Parent / Legal Guardian: _____ Month ____ Day ____ Year ____</p>

Section 4: Vaccination Record FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator Location of Vaccination Clinic	Provider Number
2009 H1N1 Intranasal	/ /		MedImmune			

2009 H1N1 INFLUENZA VACCINE

LIVE, ATTENUATED
(the nasal spray vaccine)

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (sometimes called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu virus is a new virus strain. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.

- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want protection from seasonal flu.*

Live, attenuated intranasal vaccine (or LAIV) is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
 - live with or care for infants younger than 6 months of age, or
 - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 LAIV if you have a **severe (life-threatening) allergy** to **eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
 - heart disease
 - kidney or liver disease
 - lung disease
 - metabolic disease such as diabetes
 - asthma
 - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Tell your doctor if you ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain-Barré syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

6 What are the risks from 2009 H1N1 LAIV?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been linked to GBS.

7 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at:

<http://www.hrsa.gov/countermeasurescomp/default.htm>.

9 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
 - Visit the web at <http://www.flu.gov>



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND YOUR HEALTH INFORMATION

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Safeguarding Your Protected Health Information

The Maryland Department of Health and Mental Hygiene (DHMH) is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, DHMH will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, and legally regulated as health information may be used for a variety of purposes. DHMH is required to follow the privacy practices described in this Notice, although DHMH reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from any DHMH agency. It is also posted on our website at <http://www.dhmh.state.md.us/>.

How DHMH May Use and Disclose Your Protected Health Information

DHMH employees will only use your health information when doing their jobs. For uses beyond what DHMH normally does, DHMH must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

For treatment: DHMH may use or share your health information to approve, deny treatment and to determine if your medical treatment is appropriate. For example, DHMH health care providers may need to review your treatment plan with your healthcare provider for medical necessity or for coordination of care.

To obtain payment: DHMH may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you.

For health care operations: DHMH may use and share your health information to evaluate the quality of services provided, or to our state or federal auditors.

Other Uses and Disclosures of health information required or allowed by law:

Information purposes: Unless you provide us with alternative instructions, DHMH may send appointment reminders and other materials about the program to your home.

Required by law: DHMH may disclose health information when a law requires us to do so.

Public health activities: DHMH may disclose health information when DHMH is required to collect or report information about disease or injury, or to report vital statistics to other divisions in the department and other public health authorities.

Health oversight activities: DHMH may disclose your health information to other divisions in the department and other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.

Coroners, Medical Examiners, Funeral Directors and Organ Donations: DHMH may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.

Research purposes: In certain circumstances, and under supervision of our Institutional Review Board or other designated privacy board, DHMH may disclose health information to assist medical research.

Avert threat to health or safety: In order to avoid a serious threat to health or safety, DHMH may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and Neglect: DHMH will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. DHMH may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Specific government functions: DHMH may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Families, friends or others involved in your care: DHMH may share your health information with people as it is directly related to their involvement in your care or payment of your care. DHMH may also share health information with people to notify them about your location, general condition, or death.

Worker's Compensation: DHMH may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

Patient Directories: The health plan under which you are enrolled does not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.

Lawsuits, Disputes and Claims: If you are involved in a lawsuit, a dispute, or a claim, DHMH may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

Law Enforcement: DHMH may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

You have a Right to:

Request restrictions: You have a right to request a restriction or limitation on the health information DHMH uses or discloses about you. DHMH will accommodate your request if possible, but is not legally required to agree to the requested restriction. If DHMH agrees to a restriction, DHMH will follow it except in emergency situations.

Request Confidential Communications: You have the right to ask that DHMH send you information at an alternative address or by alternative means. DHMH must agree to your request as long as it is reasonably easy for us to do so.

Inspect and copy: You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

Request amendment: You may request in writing that DHMH correct or add to your health record. DHMH may deny the request if DHMH determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If DHMH approves the request for amendment, DHMH will change the health information and inform you, and will tell others that need to know about the change in the health information.

Accounting of disclosures: You have a right to request a list of the disclosures made of your health information after April 14, 2003. Exceptions are health information that has been used for treatment, payment, and operations. In addition, DHMH does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officials or correctional facilities. There will be no charge for up to one such list each year.

Notice: You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

For More Information

This document is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact: Terry Riley at 301-334-7705.

To Report a Problem about our Privacy Practices

If you believe your privacy rights have been violated, you may file a complaint.

- You can file a complaint with the Department of Health and Mental Hygiene, Division of Corporate Compliance at 1-866-770-7175.
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may call the Department of Health and Mental Hygiene for the contact information.

DHMH will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective on April 14, 2003.

(Provider programs must ensure that they try to get this acknowledgement signed)

Acknowledgement of receipt of this notice:

Patient or Authorized Representative

Date

If unable to get acknowledgement, specify why:

Signature of DHMH representative