

# Cape Girardeau County Public Health Center

1121 Linden

P.O. Box 1839

Cape Girardeau, MO 63702 - 1839

Phone (573) 335-7846 Fax (573) 335-5909

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Parents and Guardians of Trinity Lutheran School Students,

Cape Girardeau County Public Health Center is working with your school to provide the Influenza vaccination on Oct 13, 2017. The Cash Discount Price will be \$20.00 (this is for individuals who pay for their services in cash/check.) **Please make checks to CCHD and put driver's license on the check.** We also accept Medicaid and please put the Medicaid number and the manage care company on the consent form.

Again this year the Cape Girardeau Health Center will only be offering the **injectable** flu vaccine, **no flu mist**. The CDC (Center for Disease Center) has recommended against the flu mist vaccine for flu protection.

As of June 22, 2016, CDC's Advisory Committee on Immunization Practices (ACIP) voted that live attenuated influenza vaccine (LAIV), also known as the "nasal spray" flu vaccine, should **not** be used during the 2016-2017 flu season. ACIP continues to recommend annual flu vaccination, with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV), for everyone 6 months and older.

ACIP is a panel of immunization experts that advises the Centers for Disease Control and Prevention (CDC). This ACIP vote is based on data showing poor or relatively lower effectiveness of LAIV (flu mist) from 2013 through 2016.

Please fill out the consent form and answer **ALL** questions, **including the Medicaid number and the name of the manage care company if your child has one**, and return the form to your school. **If you do not have Medicaid, the fee will be \$20, and you may make a check-out to CCHD.** If the form is not completed and appropriate payment received, the flu vaccine will not be given.

Respectfully,

Sandy Gibbons, R.N., Immunization Coordinator  
573-335-7846 Ext. 124

SCHOOL: Trinity Lutheran School	GRADE:	TEACHER:
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### 2017-2018 STUDENT Influenza Vaccination Consent Form

Cape Girardeau County Public Health Center, PO Box 1839, 1121 Linden St., Cape Girardeau, MO 63702 573-335-7846

Please complete and return this form (PLEASE PRINT)				DATE OF BIRTH	AGE
LAST NAME	FIRST NAME	MI	PHONE NUMBER		
STREET ADDRESS			CITY	STATE	
			ZIP CODE	PLEASE CHECK HEALTH COVERAGE:	
RACE (select all that apply)			ETHNICITY		
<input type="checkbox"/> White <input type="checkbox"/> Amer. Indian or Alaska Native <input type="checkbox"/> African American			<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino		
PARENT/GUARDIAN FULL NAME (Please Print):			<input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Uninsured (No Health Insurance) <input type="checkbox"/> Medicaid OR Managed Care Company: _____ Id #: _____		

PARENTS: Please answer the following questions regarding your child's health.	YES	NO
1. Has the individual received a flu vaccination or any Flu Anti/viral medication within the past 30 days? TYPE: _____ DATE: _____		
2. Does the individual receiving the vaccine have any of the following: Asthma, Wheezing, Use Nebulizer Treatments, Diabetes (or other type of metabolic disease) or any disease of the lungs, heart, kidneys, liver, nerves, or blood?		
3. Does the individual receiving the vaccine take aspirin every day or aspirin-containing therapy?		
4. Does the person receiving the vaccine have a weakened immune system (for example from HIV, cancer, or medications such as steroids or those used to treat cancer, lupus, immune disorders, organ transplant)?		
5. Is the person receiving the vaccine pregnant?		
6. Does the person receiving the vaccine have close contact with an individual who has recently had a bone marrow transplant (in the last 6 months) or has a weakened immune system?		
7. Has the person receiving the vaccine ever had Guillian-Barre syndrome?		
8. Is the person receiving the vaccine allergic to any part of the vaccine (eggs, proteins, gelatin, gentamicin, arginine, or latex?)		
9. Has the individual receiving the vaccine ever had a life-threatening reaction to an influenza vaccine or any other vaccination?		

I have been given a copy and have read, or had explained to me, the information in the "Vaccine Information Statement(s)," where applicable, for the vaccine(s) indicated below. I have had a chance to ask questions and had them answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) currently due for which I have signed below be given to me or to the person named above for whom I am authorized pursuant to Section 431.058, RSMo to make this request.

I understand that student immunization records are a legal requirement in each state for a student to attend public school. Family Educational Rights and Privacy Act (FERPA) currently include the student's immunization record as part of his or her education record. This information is not always added to the Missouri Immunization Information System(IIS). Under current FERPA regulations, schools are not permitted to update Missouri's IIS system without individual consent. Such consent may be parental or from a child over 18 years of age. This restriction may result in over-immunization of students, increased administrative burdens, increased difficulty enrolling children into school, and the inability of public health to prevent vaccine-preventable diseases. Therefore, I confirm my consent for the information captured on this form to be entered into Missouri's IIS. I understand that I may elect not to have my information entered into Missouri's IIS by selecting the check box.  No, do not want information entered.

CONSENT FOR CHILD'S VACCINATION	
I request and voluntarily consent that the influenza vaccine be given to my child by the authorized staff of the Cape Girardeau County Public Health Center.	Parent Signature: _____
COMMENTS:	Date: _____

FOR CLINIC USE ONLY						
Vaccine and Route	MM/DD/YY Given	Injection Site	Vaccine Manufac.	Lot #	VIS Date	Signature of Vaccinator
2017-2018 Influenza IM						