

Child Name: _____ Parent Name: _____

Child Birth date: _____ Primary Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____



Public Health
Prevent. Promote. Protect.

The Vaccine Information Statement has been provided. I understand the benefits and the risks of the vaccine, and I ask that it be given. (VIS 8/7/2015)

Signature/Date: **X** _____

****Return completed forms to school office. Administration Fee is Waived this flu season only****

Circle Status: No Insurance—Medicaid—Insurance Provider/Policy Number _____

Circle Status: Hispanic—Non Hispanic—Caucasian—African American—American Indian—Other

Questions?
Contact Pembina
County Public
Health
701-265-4248

**NO FLUMIST AVAILABLE
THIS SEASON.**

I completed the screening form,
and my child will get the **FLU SHOT.**

(For office use only)
Lot: _____
Exp: _____
Site: _____
Nurse: _____

Screening Checklist: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today.

If you answered "yes" to any questions, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked.

If a question is not clear, please ask your health care provider to explain it.

	Yes	No	Don't know
1. Is the person to be vaccinated sick today ?	_____	_____	_____
2. Does the person to be vaccinated have an allergy to eggs Or to a component of the vaccine?	_____	_____	_____
3. Has the person to be vaccinated ever had a serious reaction To influenza vaccine in the past?	_____	_____	_____
4. Has the person to be vaccinated ever had Guillain-Barre syndrome?	_____	_____	_____

Form Completed By _____ Date _____
Form Reviewed By _____ Date _____