



GRAYSON COUNTY HEALTH DEPARTMENT

515 North Walnut
Sherman, TX. 75090
Phone 903-893-0131
Fax 903-892-3776

205 N. Houston
Denison, TX. 75021
Phone 903-465-2878
Fax 903-465-2978

Steve Devore, Director
Kevin Stacks, M.D., Medical Director

September 15, 2010

Dear Parents/Guardians:

The Grayson County Health Department will be coming to your child's school on October 18, 2010 to administer the influenza vaccine. Vaccination is the best way to protect your child from this potentially serious disease. The Centers for Disease Control and Prevention (CDC) has recommended that children and young adults receive the 2010 Influenza vaccine as soon as the vaccine is available. Please consider this vaccine for your child.

Attached to this letter you will find an Influenza Vaccine Record Consent form and on the back of that is a screening questionnaire for Injectable Influenza Vaccination. If you are interested in your child receiving this vaccine, complete the consent form and answer all screening questions.

The cost of the vaccination will be \$25.00 (cash) or if your child is on Medicaid, you must attach a current copy (for the month of October) to the form. Please return the completed forms along with the cash or the copy of the Medicaid card to the school nurse by October 14, 2010.

This year Influenza vaccine will also include H1N1 protection. If you have any questions about the vaccine, visit CDC's influenza web site at <http://www.cdc.gov>, or the Department of State Health Services web site at <http://www.texasflu.org> for information especially for parents.

Sincerely,
Janis Furness
Public Health Emergency Preparedness Manager

PLEASE CIRCLE--- CASH--- OR--- MEDICARE---OR MEDICAID

PLEASE PRINT CLEARLY

Eligibility date for Medicaid: _____
Current card? Y, N

Influenza Vaccine Record

Provider I. D. Medicare Number/ Medicaid Number

Name

Last First M.I.

Address

Street Telephone Number

City State Zip Code

Birth date Sex Ethnicity

(VACCINATION) I have read or have had explained to me the information about influenza disease and the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me or to the person named below for whom I am authorized to make this request.
Statement: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits to the part who accepts assignment.

(HIPAA) I have received this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document. **THIS DOCUMENT IS AVAILABLE UPON REQUEST.**

_____/_____/_____
Signature (patient or parent/guardian) / (Printed Name) Date

Date Vaccine Administered _____

Vaccine Manufacturer

Manufacture: Novarits (4 yrs and older)
Sanofi (6 mos and older)
GSK (18 yrs and older)

Site of injection (RA LA) Signature of Vaccine Administrator: *Kevin B. Stacks, M. D.*
Title of Vaccine Administrator (Grayson County Health Department Medical Director)

Signature of Nurse Provider _____

Patient name: _____ Date of birth: ____/____/____
 (mo.) (day) (yr.)

Screening Questionnaire for Injectable Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Technical content reviewed by the Centers for Disease Control and Prevention, September 2009.