

Cook County Department of Public Health

Cook County Health & Hospitals System

Todd H. Stroger • President
Cook County Board of Commissioners

Warren L. Batts • Chairman
Cook County Health & Hospitals System

Jorge Ramirez • Vice Chairman
Cook County Health & Hospitals System

William T. Foley • CEO
Cook County Health & Hospitals System



Health System Board Members

Dr. David A. Ansell
Commissioner Jerry Butler
David N. Carvalho
Quin R. Golden
Benn Greenspan
Sr. Sheila Lyne
Dr. Luis R. Muñoz
Heather E. O'Donnell
Andrea L. Zopp

1010 Lake Street, Suite 300
Oak Park, Illinois 60301

Telephone (708) 492-2000
TDD (708) 492-2002

Stephen A. Martin, Jr., Ph.D., M.P.H.
Chief Operating Officer

October, 2009

Dear Parent/Legal Guardian:

In early September, the Cook County Department of Public Health (CCDPH) sent you a letter with information on the Centers for Disease Control and Prevention H1N1 flu virus recommendations. While this new flu virus has caused mild to severe illness resulting in hospitalizations and deaths in both children and adults, children have been most affected and are considered at high risk for infection. Vaccination is the best way to protect your child from this potentially serious illness.

The H1N1 vaccine is being offered at your child's school by CCDPH in the coming months. This vaccination is not mandatory but strongly recommended. In order for your child to be vaccinated, your written consent is required.

Enclosed is a consent form and the Vaccine Information Sheet (VIS) for Novel H1N1 Influenza Vaccine. Please review the VIS carefully. **If you decide to have your child vaccinated, please sign the consent form and return it to your child's school before the scheduled date of vaccination.**

On the scheduled vaccination date, each child will receive a single dose of vaccine. Children ages 9 and younger are recommended to receive a second dose to provide the highest level of protection. You will be responsible for obtaining the second dose of vaccine for your child. You should contact your private health care provider to arrange the second dose for your child. A flyer listing other locations where you may obtain the second dose of H1N1 vaccine will also be posted on the CCDPH website at www.cookcountypublichealth.org.

If you have any questions about the vaccination program at your child's school, the VIS, or the consent form, please contact CCDPH at 708-492-2828 between 8:30 AM and 4:30 PM or via e-mail at BeAware@ccdph.net. Your specific information and questions will be kept confidential.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen A. Martin, Jr.", with a large flourish at the end.

Stephen A. Martin, Jr. PhD, MPH
Chief Operating Officer

SAM/sm/gmb

Enclosures

- VIS for Novel H1N1 Vaccination
- Consent Form for Novel H1N1 Vaccination

Cook County Department of Public Health *Influenza A (H1N1) Vaccine Consent*

INFORMATION ABOUT THE PERSON TO RECEIVE VACCINE (Please print)

Place Clinic Identification Label Here

Name _____ Birthdate _____ Age _____ Sex F ___ M ___
 LAST FIRST Middle Initial Mo / Day / Year

Address _____
 STREET CITY COUNTY STATE ZIPCODE

Phone (_____) _____

Race: (check one): BLACK WHITE ASIAN OTHER UNKNOWN

Ethnicity: (check one): MEXICAN PUERTO RICAN CUBAN OTHER HISPANIC NON-HISPANIC ARABIC OTHER

FOR EACH QUESTION place a check mark (✓) in the box that best describes your answer.	Yes	No
1. Has the person to be vaccinated had an Influenza A (H1N1) vaccination in the past 28 days?		
2. Does the person to be vaccinated have a sensitivity/allergy to latex?		
3. Does the person to be vaccinated have a history of Guillain-Barré syndrome?		
4. Does the person to be vaccinated have an illness with fever or other active infection?		
5. Does the person to be vaccinated have a serious allergy to eggs such as hives or difficulty breathing?		
6. Has the person to be vaccinated ever had a serious reaction to an influenza vaccination?		
7. Does the person to be vaccinated have a sensitivity/allergy to thimerosal?		
8. Does the person to be vaccinated live with or provide care to an infant less than 6 months of age?		
9. Is the person to be vaccinated between the ages of 6 months and 24 years of age?		
10. Does the person to be vaccinated have a chronic medical condition such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, kidney, liver or heart disease, etc.?		
11. Is the person to be vaccinated pregnant?		
12. Is the person to be vaccinated younger than 24 months of age (2 years)?		
13. Is the person to be vaccinated 50 years of age or older?		
14. Has the person to be vaccinated received any of the following live virus vaccines: Influenza A (H1N1), FluMist, MMR (measles, mumps, rubella), or Varicella (chicken pox) in the past 28 days?		
15. Does the person to be vaccinated have a weakened immune system (for example: cancer, lymphoma, leukemia, HIV/AIDS, Lupus, etc.) that makes him/her more likely to contract an infection?		
16. Is the person to be vaccinated receiving any aspirin-containing therapy?		
17. Does the person to be vaccinated have an active muscular or neurologic disorder such as cerebral palsy that can lead to breathing or swallowing problems?		
18. Is the person to be vaccinated allergic to gentamicin, gelatin, or arginine?		
19. Will the person to be vaccinated have taken antiviral medications within 48 hours prior to vaccination?		
20. Is the person to be vaccinated in close contact with a person who has a severely weakened immune system requiring care in a protected environment such as a bone marrow transplant unit?		

I have read the Vaccine Information Statements (VIS) for both Live Attenuated Influenza A (H1N1) Vaccine and Inactivated Influenza A (H1N1) Vaccine or have had the information about these vaccines explained to me. I have had a chance to ask questions that were answered to my satisfaction and believe I understand the benefits and risks of Influenza A (H1N1) vaccine. I understand that the vaccinator will determine the type of Influenza A (H1N1) vaccine to be given based on my responses to the above questions. I consent and request that the vaccine be given to me or the person named on this form for whom I am authorized to make this request. I authorize the Cook County Department of Public Health (CCDPH) and the school or daycare center where the vaccine is administered to retain a record of this vaccination and further authorize these entities to release this form to the CCDPH, for use as permitted by applicable law. I acknowledge receipt of a CCDPH Notice of Privacy Practices.

PRINT name _____ Relationship to person vaccinated: (check one) Self Parent/Guardian Other

Signature of person to receive vaccine or person authorized to make the request on his/her behalf: _____

X _____ Date: _____

FOR CLINIC USE ONLY

Comments: _____

Date Vaccinated	VIS Date	Manufacturer and Lot #	Site of Administration	Signature of Vaccine Administrator
			IN=Intranasal LD=Left deltoid RD=Right deltoid LT=Left thigh RT = Right thigh	

AUTHORIZATION FOR ADMINISTRATION OF H1N1 VACCINE

I, _____, state that I have read the information given to me
(Name of Parent or Guardian)

by the Cook County Department of Public Health (CCDPH) and/or Southwest Cook County

Association for Special Education Cooperative (“SWCCCASE”) about the H1N1 Vaccine to be

administered to my child, _____ at _____.
(Name of Child) (Location of Vaccination Program)

I hereby state that I have had the opportunity to contact both my child’s treating physician as

well as the CCDPH to ask questions and receive answers to my satisfaction before the

administration of the H1N1 Vaccine to my child. I understand the benefits and uses of the H1N1

Vaccine to be given to my child. I understand that my child will need a second dose of the

H1N1 Vaccine and that I am solely responsible for my child receiving the second dose. I

understand that neither the CCDPH nor SWCCCASE will provide the second dose of the H1N1

Vaccine, and I agree to assume responsibility to obtain the second dose of the H1N1 Vaccine for

my child at my own expense. I hereby release, hold harmless and forever discharge

SWCCCASE, its Board of Directors, the SWCCCASE Administrative District, the SWCCCASE

member school district boards of education, and their respective board members, employees,

agents, assigns, insurers, and volunteers, both jointly and severally, from any and all claims,

damages, causes of action or injuries, including reasonable attorney’s fees and court costs which

are incurred, arise out of, or result in any way from my child receiving the H1N1 Vaccine.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN (Print Name)

FLC\Office\SWCCCASE\H1N1 Parent Auth

“Opening the world through education to children and young adults with diverse abilities”

Administrative Offices 6020 West 151st Street Oak Forest, Illinois 60452-1899 Phone: 708 / 687 0900 Fax: 708 / 687 5695

Visit us at: www.swcccase.org

Serving these school districts: 113 Lemont • 117 North Palos • 118 Palos • 142 Forest Ridge • 145 Arbor Park • 146 Tinley Park
159 Matteson • 160 Country Club Hills • 210 Lemont High School • 228 Bremen High School • 230 Consolidated High School