DocuSign Envelope ID: C49CA284-799B-4FA8-A923-82E5CECF2FE1

School Year: 23-24

NPI: 1245236306

School Name: ____________

HEALTH SCREEN & PERMISSION FORM: Immunizations

Last Name	First Name	M.I.	Date of Birth	Age
Address		M ☐ F ☐ Other ☐		
City	State	Zip	Daytime Phone:	
Does the child have insurance? If yes name of company: Mainecare Private insurance(name)	Insurance ID#: Group#:		Email Address:	
Do you have a financial hardship? Yes ☐ No ☐	Grade: Teacher:		School District:	
Name of insurance subscriber:	**PCP name and phone:**			
Race: ☐ American Indian/ Alaskan Native ☐ Asian ☐ Native Hawaiian/ Pacific Islander ☐ Black/ African American ☐ White ☐ Other				
Ethnicity: Hispanic or Latino Not Hispanic or Latino				
Vaccine(s) requested:	Flu vaccine Nasal: ☐ Shot: ☐ Either:			

Risk Assessment – Please review and **circle** as appropriate. **If YES, *explain briefly.***		
• Has this child had a serious reaction to any immunizations in the past? (Please specify)	No	Yes
• Does the child have a serious allergy to eggs?	No	Yes
• Does the child have a history of Guillain-Barre Syndrome?	No	Yes
The following questions must be answered for the child to receive intranasal vaccine (FluMist)		
• Does this person have asthma; currently wheezing; have a history of wheezing if under 5 years old; have problems with their heart, kidneys, lungs; diabetes; or are pregnant or nursing?	No	Yes
• Does the child have a weakened immune system or have close contact with someone with a severely weakened immune system?	No	Yes
• Does this person regularly use aspirin or a medication with an aspirin-containing medication? (Children or adolescents should not be given aspirin for 4 weeks after getting FluMist.)	No	Yes
• Has this person received Tamiflu, Relenza, amantadine, or rimantadine within the past 48 hours?	No	Yes
• Has this person received any other vaccinations in the past 4 weeks? If yes: Type___________ Date___________	No	Yes

PERMISSION TO VACCINATE

- I was given a copy of the Influenza (Flu) Vaccine Information Statement, I have read this or had this explained to me and I understand the benefits and risks of the Influenza vaccine.
- I give permission for a record of this vaccination to be entered into the Maine Immunization Information System, ImmPact.
- I give permission for information to be used to bill MaineCare or private insurance for the cost of providing the vaccine.
- **I give permission for Northern Light Home Care and Hospice to administer the vaccine(s)**

X____ Date:____________________

Signature of parent or guardian

Date	Vaccine Type	Manufacturer	Lot #	Dose Vol.	Body Site	Route	VIS Date	Signature of Vaccinator
	Flu							
	COVID							
	Other							