

Student details		
Surname:		First name:
Date of birth:	Gender: <b>Girl</b> <input type="checkbox"/> <b>Boy</b> <input type="checkbox"/>	School and class:
NHS number (if known):	Home telephone:	
Home address:	Parent/guardian mobile:	GP name and address:
Post code:		
<p>Has your child been diagnosed with asthma? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>If <b>Yes</b>, Has your child taken steroid tablets because of their asthma within the past two weeks? <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Has your child ever been admitted to intensive care because of their asthma? <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p><b>Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.</b></p>	<p>Has your child already had a flu vaccination since September 2021? <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	
	<p>Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	
	<p>Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	
	<p>Does your child have a severe egg allergy? (requiring intensive care unit admission) <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	
	<p>Is your child receiving salicylate therapy? (i.e. aspirin) <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	
	<p>*If you answered <b>Yes</b> to any of the above, please give details:</p> <p><b>On the day of vaccination, please let the immunisation team know if your child has been wheezy or had a bad asthma attack in the past three days.</b></p>	
<p>The nasal flu vaccine contains a highly processed form of gelatine derived from pigs (porcine gelatine). It is offered because it is more effective in the programme than an injected vaccine. This is because it is considered better at reducing the spread of flu to others and is easier to administer. For those who may not accept the use of porcine gelatine in medical products, an alternative injectable vaccine is available this year. You should discuss your options with your nurse or doctor.</p>		
<p><b>Which of the following groups would you identify with?</b></p> <p><input type="checkbox"/> 1. White British      <input type="checkbox"/> 2. Any other White background</p> <p><input type="checkbox"/> 3. Mixed/multiple ethnic background</p> <p><input type="checkbox"/> 4. Asian (Indian, Pakistani, Bangladeshi, other Asian background)</p> <p><input type="checkbox"/> 5. Black (African, Caribbean, other Black background)</p> <p><input type="checkbox"/> 6. Chinese      <input type="checkbox"/> 7. Other ethnic background (specify)</p>		
Consent for immunisation (please tick YES or NO)		
<input type="checkbox"/> <b>YES</b> , I consent for my child to receive the flu immunisation.		<input type="checkbox"/> <b>NO</b> , I DO NOT consent to my child receiving the flu immunisation.
<p>If 'NO' please give reason(s) below:</p>		
Signature of parent/guardian (with parental responsibility):		Date DD/MM/YYYY

Thank you for completing this form.

Please return this completed form in the prepaid envelope provided, or to Childhood Flu Admin, Crookall House, Demesne Road, Douglas IM1 3QA. For more information on Flu, please email fluvaccinationenquiries.DHSC@gov.im or ring 686709.

## FOR OFFICE USE ONLY

### Pre-session eligibility assessment for live attenuated influenza vaccine LAIV

Child eligible for LAIV    **Yes**     **No**

If no, give details:

Additional information:

### Assessment completed by

Name, designation and signature:

Date:

### Eligibility assessment on day of vaccination<sup>1</sup>

Has the parent/child reported the child being wheezy or having a bad asthma attack over the past three days?    **Yes**     **No**

If the child has asthma, has the parent/child reported:

• use of oral steroids in the past 14 days?    **Yes**     **No**

• an increase in inhaled steroids since consent form completed?    **Yes**     **No**

Child eligible for LAIV    **Yes**     **No**

If no, give details:

### Vaccine details

Date:

Time:

Batch number:

Expiry date:

### Administered by

Name, designation and signature:

Date:

<sup>1</sup> Children with an acute exacerbation of symptoms including increased wheezing and/or needed additional bronchodilator treatment in the previous 72 hours should be offered inactivated vaccine to avoid a delay in vaccinating this 'at risk' group.