



Public Health Immunization Clinic H1N1

Dear Student and Parent or Guardian:

WDG Public Health will offer the H1N1 flu shot to secondary school students at school-based clinics beginning November 23. Please see the attached schedule for locations and dates. There is no cost.

Students who would like to get the shot are asked to:

- Read the following facts about H1N1 flu and the vaccine.
- Complete and sign the consent form. (Students over the age of 12 are able to sign their own consent).
- Bring the consent form to the school on the day of the clinic.

You can find more information on our website at www.wdghu.org or call 1-800-265-7293 ext. 4161.

Thank you.

What is H1N1?

H1N1 flu is a respiratory (breathing) disease that is caused by a new virus.

What are the symptoms?

The symptoms are like seasonal flu—fever and cough PLUS one or more of the following:

- Sore throat
- Muscle pain
- Joint pain
- Weakness (includes extreme tiredness)

How is the disease spread?

It spreads very easily from an infected person to others by coughing and sneezing. It is also spread when you touch an object or surface that was contaminated with the virus.

What is in the vaccine?

It contains the inactive (killed) flu virus and an adjuvant. An adjuvant helps boost and speed up the body's ability to fight a virus.

Who should not get the H1N1 flu shot?

You should not get the flu shot if you:

- Had a serious reaction to a previous flu shot
- Have a serious allergy to eggs
- Have a fever
- Had Guillain-Barré syndrome (serious nerve disease) within eight weeks of receiving a seasonal flu vaccine

Is it safe?

Yes. The risk that the H1N1 flu shot will cause serious harm is very small. But, like any medicine, the shot can cause side effects:

- Pain, swelling, and redness at the injection site
- Fatigue (tiredness)
- Muscle and joint pain
- Headache

Does the H1N1 flu shot contain thimerosal?

Yes, it contains thimerosal.

Thimerosal prevents the growth of bacteria and fungi in the vaccine. Scientific evidence shows no link between thimerosal and autism, other neurodevelopmental diseases, or brain damage.

How well will the H1N1 flu shot protect me against the flu?

The vaccine is expected to protect up to 90% of people who get the shot.

What if I'm away on the day of my scheduled clinic?

You can go to any community flu shot clinic or call your doctor's office.

How long does it take for the flu shot to be effective?

It takes about two weeks after receiving the shot to be protected against H1N1.

What if I think I had H1N1 flu?

If you are sure you had H1N1 flu (confirmed by a laboratory test), you do not need a shot. If it was not confirmed by a laboratory test, you should get vaccinated.

Flu Clinic Schedule for Secondary School Students November 23 to November 27

Location	Mon 23	Tues 24	Wed 25	Thurs 26
Guelph	Guelph Collegiate Vocational Institute 9 a.m. – 3 p.m.	Centennial Collegiate Vocational Institute 9 a.m. – 3 p.m.	College Heights Secondary School 9 a.m. – 3 p.m.	John F. Ross Collegiate Vocational Institute 9 a.m. – 3 p.m.
Guelph	Bishop Macdonell Catholic High School 9 a.m. – 3 p.m.		Our Lady of Lourdes Catholic High School 9 a.m. – 3 p.m.	
Guelph			St. James Catholic High School 9 a.m. – 3 p.m.	
Fergus		Centre Wellington District High School 9 a.m. – 3 p.m.		
Orangeville	Orangeville District Secondary School 9 a.m. – 3 p.m.		Westside Secondary School 9 a.m. – 3 p.m.	
Shelburne		Centre Dufferin District High School 9 a.m. – 3 p.m.		
Erin				Erin District High School 9 a.m. – 3 p.m.
Palmerston				Norwell District Secondary School 9 a.m. – 3 p.m.
Mount Forest	Wellington Heights Secondary School 9 a.m. – 3 p.m.			

Students may only go to the clinic in their own school.

Consent Form

Last name: _____

First name: _____

Address: _____

Postal code:

Municipality code:

Date of birth:

Male:

Female:

Check off any of the following that apply

Risk Group

Are you a:

First responder (police, firefighter)	Yes	No
Poultry worker	Yes	No
Health-care worker	Yes	No
65 years old or older	Yes	No
Pregnant woman	Yes	No
Resident/staff/volunteer in a nursing home or school residence	Yes	No
Household contact/caregiver to an infant less than six months old	Yes	No
Household contact/caregiver to anyone who is immunocompromised	Yes	No

Health Information

Do you have any of the following health conditions:

Cardiac disorder	Yes	No
Pulmonary disorder	Yes	No
Diabetes	Yes	No
Cancer, immunodeficiency, or immunosuppressed	Yes	No
Anemia	Yes	No
Renal disease	Yes	No
Neurological problems	Yes	No
Guillain Barré syndrome	Yes	No
Other	Yes	No

Allergies

Are you allergic to any of the following:

Eggs and egg products	Yes	No
Thimerosal	Yes	No
Neomycin	Yes	No
Formaldehyde	Yes	No
Other	Yes	No

Acknowledgement and Waiver

I read the flu shot information. I had the chance to ask questions that were answered to my satisfaction. I consent to receiving the influenza vaccine. I understand that I must wait under observation at the clinic for 15 minutes after I get the shot.

Client Signature: _____	Date: _____
Parent/guardian signature (if applicable): _____	

For Nurse's Use Only:

Seasonal Influenza	Fluviral	
	Vaxigrip	
Dosage	0.25 ml IM	
	0.5 ml IM	
Site		
Deltoid	Right	
	Left	

Lot#	
Expiry date	
Time given	
Anterolateral Thigh	Right
	Left

H1N1 Influenza	Adjuvant	
	Non-Adjuvant	
Dosage	0.25 ml IM	
	0.5 ml IM	
Site		
Deltoid	Right	
	Left	

Dosage	
Lot # Adjuvant	
Lot # Vaccine	
Expiry Date	
Time	
Anterolateral Thigh	Right
	Left

Administered by: _____ Date: ____/____/____
 yyyy mm dd

As per Medical Directive # CHDP IV 110
 The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of health care databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Privacy Officer.



Wellington-Dufferin-Guelph Public Health
 519.846.2715 1.800.265.7293 www.wdghu.org info@wdghu.org

Fergus
 Fax: 519.846.0323

Guelph
 Fax: 519.836.7215

Orangeville
 Fax: 519.941.1600