

PARENT/GUARDIAN NOTIFICATION FORM

Name

_____/_____/_____
Today's Date

YES, your student received the flu vaccine at school today.

Minor side effects following the flu shot may last up to 2 days and include: Soreness, redness, or swelling where the shot was given; hoarseness; sore, red, or itchy eyes; cough; fever; aches; headache; itching; and fatigue.

To read the full Influenza Vaccine Information Statement, visit: [\[WEBSITE\]](#)

This vaccination is recorded in the [STATE IMMUNIZATION REGISTRY].

NO, your student did NOT receive the flu vaccine at school today because he/she:

___ Had a fever

___ Refused the vaccine

___ Had an incomplete consent form

___ Was absent

___ Was not recommended flu vaccine based on medical history

___ Other: _____

We would welcome your feedback! Please visit [\[WEBSITE\]](#) and take our quick survey.

Please read the other side for more information ↔

