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## CLERMONT COUNTY GENERAL HEALTH DISTRICT

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### H1N1 Vaccination Interest Form

10/7/2009

Parents/Guardians:

The Clermont County General Health District is requesting your input to assist in planning for your school district's H1N1 vaccination clinic. Please indicate below whether or not you are currently intending on having your child vaccinated at your school district's vaccination clinic this fall. This is not a consent form, and your response does not obligate you in any way.

- Yes, I will have my child receive the 2009 H1N1 vaccine at my school district's vaccination clinic.  
Child's age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_
- No, I will not have my child receive the 2009 H1N1 vaccine at my school district's vaccination clinic.
- I have not decided whether or not to have my child receive the 2009 H1N1 vaccine.

Based on anticipated availability of vaccine at the time of your school district's clinic the Health District is limiting these clinics to school children and their younger siblings.

Please indicate below if additional children in your immediate family would be interested in receiving the H1N1 vaccine at your school district's vaccination clinic.

- Yes – there are (*indicate how many*) \_\_\_\_\_ additional children in our immediate family that would like to receive the 2009 H1N1 vaccine at our school district's vaccination clinic.

**Please return this form within one week to your child's teacher even if you are not planning on having your child vaccinated at the school clinic.**

**Thank you for your participation!**