



Ref No.: LPS/Cir/1870/2024-25

11.12.2024

CIRCULAR (Gr. 3 to 12)

Dear Parents,

Sub : Influenza Vaccination Campaign

This is to inform you about the upcoming **Influenza Vaccination Campaign** (2024-2025) by Emirates Health Services. The influenza vaccine will be provided to all students (from Grade 3 and above) following parental consent and submission of consent form to the Sharjah School Health Team.

Kindly, review the attached documents (**Pre-vaccination Questionnaire & Consent Form for Influenza Vaccine**) and ensure that the same are completed and returned to the class teachers by 16th December 2024. After that date, we cannot accept any form, as the data will be submitted to **EHS**.

- Kindly send the duly signed documents with your child as a hard copy before the last date, i.e. 16th December 2024.
- If you do not wish your child to receive the vaccine, please fill out the consent form indicating “**disagree**” and return it.
- If your child has received the influenza vaccine or any other vaccine in the last four weeks, please notify us as their vaccination need to be postponed.

In case of any queries, kindly contact the school clinic (extn. no.107).

Thank you for your cooperation and support in keeping our children safe and healthy.

With regards

Rafia Zafar Ali
Principal

School Health Program – Consent form for INFLUENZA VACCINE

Student Name:

Emirates ID Number:

Grade: **Section:**

The Emirates Health Services in collaboration with the Sharjah Private Education authority has decided to provide Influenza vaccine to all students from grade 1 to grade 12 at the school clinic.

Please tick (✓) so that school can proceed accordingly.

Yes, I do agree that my child can be vaccinated.

If you would refuse taking vaccine for your child please tick (✓) the related reason:

I disagree because my child has vaccinated before with Influenza vaccine.
(Please send an official proof for that)

My child has a medical condition, which prevents him / her from taking vaccine now.

(Please send an AUTHENTICATED report explaining the medical condition to the school nurse)

Other please specify :

.....

Parent's / Guardian's Name:

Relationship:

Mobile Phone Number:

Signature:

Date:

Pre- vaccination Questionnaire – INFLUENZA VACCINE

Student's Name:

Gender: Male Female

Date of Birth:

Grade: **Section:**

Contact Number 1:

Contact Number 2:

To administer vaccine safely to your child, the school nurse would need some information about your son / daughter. Kindly fill this form before we give vaccine to your child. Please inform the school nurse about any changes in your child's health during this academic year/ which might affect giving your child the vaccination dose.

No	Article/Item	Yes	No
1	Has the student ever experienced allergy towards flu vaccine or sensitivity towards any part of flu shot specifically neomycin, thiomersal or formaldehyde If any please specify.....		
2	Has the student vaccinated for influenza in the past? If yes please specify the date.....		
3	Has your child ever experienced allergic to eggs, egg products or chicken? (like wheezing, chest tightness, breathing difficulty, hives)		
4	Does the child has new or changing neurological problem? (e.g. Convulsions, seizures) If any Please mention.....		
5	Does the child has Guillain Barre Syndrome?		
6	Does the child has bleeding problems or use blood thinners? (E.g. Warfarin, Low dose of aspirin)		
7	Has the child suffering from any long term health problems like cardio vascular problems, asthma, lung disease, Kidney disease, Metabolic disease (e.g.: diabetes) or Anemia? If any please mention.....		

8	Does the student or any family member suffer from any health conditions that depress the immunity like leukemia, lymphoma, organ transplantation etc.? If yes please specify.....		
9	Did the student receive any medications containing steroids, cancer medications, or chemotherapy within last 3 months?		
10	Did the student receive any blood transfusion, antibodies, or plasma within the last year? If yes please mention the date.....		
11	Did the student receive any vaccination during last month? Please mention the name &date of the vaccine received.....		

Do you want to inform us about any other thing?

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Notes;

- Please send a copy of any medical report related to the student’s health, which might affect vaccination.
- Please inform the school nurse or school administration about any changes in the child’s health that might affect the vaccination.

Parent’s name:

Parent’s signature:

Date: