

School Clinics for H1N1 Influenza Immunization School Checklist

Day & Date of School Clinic: _____

PHMDC contact: _____ Phone: _____

Date Done	Timing before clinic	Task
	As soon as clinic date is set	Reserve room - enough space for ____ immunizers
	As soon as clinic date is set	Arrange for ____ tables & ____ chairs for immunization room, partitions
	As soon as clinic date is set	Reserve room - space for students to sit 15 minutes after immunization
	2 weeks	Plan for sequence of classes/ students being called to clinic
	2 weeks & until clinic	Classroom education about H1N1 and immunization
	2 weeks & until clinic	School health staff: Plan for confidential collection and secure storage of returned consent forms
	2 weeks	Send home consent forms, VIS, letter
	2 weeks	Email links to above forms
	2 weeks	School Nurse/ Admin: Contact parents of Exchange Students/ non legal guardians re: permission to immunize
	2 weeks - 1 week	School health staff/ Admin: <ul style="list-style-type: none"> • Collect returned consent forms; • Separate those to be immunized from those not to be • Identify those with contraindications to any vaccine • Identify those with contraindications to FluMist
	2 weeks - 1 week	Assign ____ Classroom Escorts to get students from classroom
	2 weeks - 1 week	Work out system to have ____ school staff observing students in room for 15 minutes after immunization (Monitor)
	2 weeks - 1 week	Assign ____ volunteers/staff as Clinic Flow Managers
	1 week	Outreach families who have not returned consent form (whether or not they want child immunized) - If possible
	1 week	Let PHMDC clinic coordinator know numbers - total forms returned, number of those consenting to immunizations