



THAI-CHINESE INTERNATIONAL SCHOOL

101/177 Moo 7 Soi Mooban Bangpleenives,
Prasertsin Road, Bangplee Yai,
Samutprakarn 10540 Thailand

+66 2 751-1201 info@tcis.ac.th

Subject : Flu Vaccination

To: Parents

TCIS is pleased to announce that the Nurse Team (Thailand) and InterMed Hospital will provide you and your children the 2020 Flu Vaccination on **Friday, October 2nd**. The cost is **420 baht per person**.

Vaccination will take place at:

- The Nurse Office for students (6.30-14.00)
- The School Cafe for parents (6.30-14.00)

Flu Vaccination is important because Influenza is a highly contagious disease. It can cause many complications such as pneumonia. The most effective way to prevent the disease is vaccination. As the strain of influenza changes every year, the World Health Organization (WHO) recommends everyone to receive influenza vaccine at least once a year.

Parents who are interested in this vaccination (Influenza 2020-2021) for themselves or children , please fill out the attached consent form, sign and send it back with cash to the school nurse **before Friday, September 25th, 2020.** One form is for one person.

If you have any questions, please do not hesitate to contact the school nurses at nurse@tcis.ac.th or (02) 751-1201 Ext.220

Respectfully,

Patcharin Jingkaojai
Business Manager

Influenza Vaccination Consent Form

(one person per one form)

Please select one: Student Parent/Guardian Staff

First NameLast NameAge.....
Grade..... Pin No.....(For Student Only)

History taking information

- Do you have any pre-existing medical conditions? YES.....
 No
- Do you have any allergies to any vaccines or medicines? YES
 No
- Are you allergy to eggs or egg product YES
 No
- Are you planning a pregnancy, currently pregnant or breastfeeding? YES.....
(For Adults Only) No

People who should NOT receive the influenza vaccine

1. Individuals with severe, life-threatening allergies to the influenza vaccine.
2. Have had an allergy to eggs or any of the ingredients in the vaccine.
3. Pregnant women and breastfeeding, please consult your attending doctor
4. Acute severe illness i.e. high fever

I consent to receiving the vaccine:

Signature.....

Tel.....

Day/month/year.....

For Nurse Use Only

T ____ °C BP _____ Pulse _____

Nurse Signature _____ Date _____