



# Health Heroes Vaccination Clinic

## Patient Consent Form - Flu Shot (IIV)



SCHOOL DISTRICT NAME: \_\_\_\_\_

### PATIENT INFORMATION

First Name:	MI	Last Name:

Date of Birth:	Age:	Gender:	Name of School:	Grade:
M M / D D / Y Y Y Y		Male / Female		

Patient Race:	White	African American	Amer. Indian/ Native American	Hispanic	Alaskan Native	Asian	Other:
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Address:	City:

Cell/Emergency Contact Phone #: (    )    -			State:	Zip Code:
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### CONTACT INFORMATION & PARENT/GUARDIAN INFORMATION

First Name:	Last Name:	Relationship:

### REQUIRED INSURANCE INFORMATION (MUST check an appropriate box)

NON - PRIVATE		OTHER: (please specify insurance carrier name here)	PRIVATE INSURANCE						
NO INSURANCE	Medicaid (if HMO, name in Other)	*If HMO plan: (i.e. Buckeye, BCN, CareSource, Paramount Advantage, etc) NOTE: info may be found on the reverse side of the insurance card	Aetna	BCBS	CIGNA	Humana	Medical Mutual	Tri-Care	UHC

Cardholder's First Name:	Cardholder's Last Name:	Cardholder's Date of Birth:
		M M / D D / Y Y Y Y

Contract ID:(please include prefix, if any)	Group #:

### VACCINATION & HEALTH-RELATED QUESTIONS

1	Is this the first time this patient will be vaccinated for the flu?	YES	NO
2	Was this patient vaccinated for the first time last year? If yes, how many doses?	YES	NO
3	Does this patient have Asthma? If yes, please provide the date of the last treatment?	YES	NO
4	Has this patient ever had a severe or life-threatening allergic reaction to the flu vaccine?	YES	NO
5	Does patient have Diabetes or other metabolic disorders? If yes, please list any medications here:	YES	NO
6	Does patient have any Heart disease or disorders? If yes, please list any medications here:	YES	NO
7	Does patient have any Kidney disease or disorders? If yes, please list any medications here:	YES	NO
8	Does patient have any Blood disease or disorders? If yes, please list any medications here:	YES	NO
9	Is this patient allergic to vaccine components, such as eggs, gentamicin sulfate, or MSG?	YES	NO
10	Is this patient pregnant or nursing?	YES	NO
11	Has this patient ever had Guillain-Barre syndrome?	YES	NO
12	Is this patient on long-term aspirin therapy?	YES	NO
13	Does this patient take medications that lower the body's resistance to infection? (including Relenza, TamiFlu, Rimantadine, Amantadine)	YES	NO
14	Does this patient live with, or expect to have close contact with a person whose immune system is <b>severely</b> compromised and must be in a protective isolation environment? (e.g. an isolation room of a bone marrow transplant unit)	YES	NO
15	Has this patient received any other vaccinations in the past 4 weeks? If yes, please name the specific vaccination(s)?	YES	NO

**Authorized Parent or Guardian Signature**

**Date**

For Administrative Use Only:

Clinic Location: _____	SCHOOL	Date: _____ / _____ / 2016
Vaccine Lot: _____	Exp. Date: _____ / _____ / _____	
RPh: _____	RN: _____	
CDC VIS: _____	IIV 08/07/2015	Dosage: 0.5 mL Intramuscular

I am aware that the receiver of this vaccine is currently not pregnant and should not become pregnant within four weeks of receiving this vaccine. I have read the information about the vaccine and special precautions on the Vaccine Information Sheet attached to this consent form. I am aware that I can locate the most current Vaccine Information Statement and other information on [www.immunize.org](http://www.immunize.org) or [www.cdc.gov](http://www.cdc.gov). I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the patient above, of whom I am the parent or legal guardian and acknowledge no guarantees have been given made concerning the vaccines success. I hereby release the School District, Health Heroes, Inc., affiliated schools of nursing, and their directors or employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date.

## VACCINE INFORMATION STATEMENT

### Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.imzimmize.org/viis](http://www.imzimmize.org/viis)  
Hojas de información sobre vacunas están disponibles en español y otros idiomas. Visite [www.imzimmize.org/viis](http://www.imzimmize.org/viis)

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

- Flu vaccine cannot prevent:
  - flu that is caused by a virus not covered by the vaccine, or
  - illnesses that look like flu but are not.
- It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

#### 3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- If you ever had Guillain-Barré Syndrome (also called GBS).** Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- If you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

#### 2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

#### 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

**Minor problems** following a flu shot include:

- soreness, redness, or swelling where the shot was given
  - hoarseness
  - sore, red or itchy eyes
  - cough
  - fever
  - aches
  - headache
  - itching
  - fatigue
- If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

**More serious problems** following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTap vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Problems that could happen after any injected vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

#### 5 What if there is a serious reaction?

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not give medical advice.*

#### 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

#### 7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

#### Vaccine Information Statement Inactivated Influenza Vaccine

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42 U.S.C. § 300aa-26



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U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention