



Health Heroes Vaccination Clinic

Patient Consent Form - Meningococcal (MenACWY)

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:

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) *If HMO plan: (i.e. Buckeye, BCN, CareSource, Paramount Advantage, etc) NOTE: info may be found on the reverse side of the insurance card	PRIVATE INSURANCE						
NO INSURANCE	Medicaid (if HMO, name in Other)		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 patient sick today?	YES	NO
2	Does this patient have allergies to medications, food, or any vaccine component, or latex? If yes, list here:	YES	NO
3	Has this patient ever had a serious reaction to a vaccine in the past? If yes, describe here:	YES	NO
4	Has this patient or immediate family member had Seizures or other brain/nervous system problems? If yes, please describe:	YES	NO
5	Does this patient have cancer, leukemia, HIV/AIDS, or any other immune system problems? If yes, describe here:	YES	NO
6	In the past 1-3 months, has this patient taken any medications that affect the immune system such as Cortisone, Prednisone, other steroids, or anti-cancer drugs; or medications for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatment? If yes, list medication & date of last treatment here:	YES	NO
7	Has this patient received a transfusion of blood or blood products, or been given immune (gamma) globulin or an anti-viral drug in the past year? If yes, please describe:	YES	NO
8	Is this patient pregnant or could become pregnant in the next month?	YES	NO
9	Has this patient received any other vaccinations within the last 4 weeks? If yes, please name the specific vaccination(s)?	YES	NO

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 or 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.

Authorized Parent or Guardian Signature

Date

For Administrative Use Only:

Clinic Location: _____	Date: / /
Vaccine Lot: _____	Exp. Date: / /
Site Admin: Left Arm / Right Arm	RPh/RN: _____
CDC VIS: MenACWY 03-31-2016	Dosage: 0.5 mL

VACCINE INFORMATION STATEMENT

Meningococcal ACWY Vaccines — MenACWY and MPSV4: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.hhs.gov/vaccines.
Hojas de Información Sobre Vacunas están disponibles en español y otros idiomas. Visite www.hhs.gov/vaccines.

1 Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

Meningococcal ACWY vaccines can help prevent meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available to help protect against serogroup B.

2 Meningococcal ACWY Vaccines

There are two kinds of meningococcal vaccines licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y: meningococcal conjugate vaccine (**MenACWY**) and meningococcal polysaccharide vaccine (**MPSV4**).

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16. Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
 - Anyone whose spleen is damaged or has been removed
 - Anyone with a rare immune system condition called “persistent complement component deficiency”
 - Anyone taking a drug called eculizumab (also called Soliris®)
 - Microbiologists who routinely work with isolates of *N. meningitidis*
 - Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
 - College freshmen living in dormitories
 - U.S. military recruits
- Children between 2 and 23 months old, and people with certain medical conditions need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.

MenACWY is the preferred vaccine for people in these groups who are 2 months through 55 years old, have received MenACWY previously, or anticipate requiring multiple doses.

MPSV4 is recommended for adults older than 55 who anticipate requiring only a single dose (travelers, or during community outbreaks).

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 have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine’s ingredients.
 - **If you are pregnant or breastfeeding.** There is not very much information about the potential risks of this vaccine for a pregnant woman or breastfeeding mother. It should be used during pregnancy only if clearly needed.
- If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

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

As many as half of the people who get meningococcal ACWY vaccine have **mild problems** following vaccination, such as redness or soreness where the shot was given. If these problems occur, they usually last for 1 or 2 days. They are more common after MenACWY than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

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/

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—usually within 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 to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction 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, 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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care 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/vaccines

Vaccine Information Statement Meningococcal ACWY Vaccines

Official Use Only



03/31/2016

42 U.S.C. § 300aa-26