



## Hendricks County Health Department

### *Nursing Division*

Hendricks County Government Center

355 S. Washington Street, #211

Danville, IN 46122-1759

Phone: (317) 745-9222, Fax: (317) 745-9383

**Public Health**  
Prevent. Promote. Protect.

September 14, 2016

Dear Parents and Faculty of Plainfield Community Middle School:

Hendricks County Health Department will be offering an Influenza Vaccine Clinic during school on **October 27** at Plainfield Community Middle School for students and faculty. Under the Affordable Care Act, most insurance companies cover the cost of vaccinations. If you are not sure if your insurance covers vaccines, please call your insurance provider. If you do not have any insurance, the cost of the vaccine is \$20.00. □ See below for payment options.

**Please complete and return included School Flu Clinic Form by September 27, 2016 to the school.**

**Please see information below:**

- We would prefer a front and back copy of your insurance card and have it returned with the form. You would not have to complete the insurance information section if you send a copy of the insurance card.
- If you answer YES to a question on the School Flu Clinic form, please provide an explanation.
- Payment options are:
  - Check made out to the Hendricks County Health Department and sent in with the form
  - Cash payment on the day of the flu clinic at the school
- Hendricks County Health Department now accepts most insurance and bills them directly.
- All ages can receive ACIP recommended vaccinations at the Hendricks County Health Department by calling (317)745-9222 to make an appointment.
- If your child is unable to participate at the Plainfield Middle School Flu Clinic, he or she can receive a flu vaccination at the Hendricks County Health Department during the weekly Wednesday 1:30 – 3:30 walk-in clinic beginning soon. Please call us for details.
- Please call Hendricks County Health Department if you have questions at (317)745-9222.

**If you are opting out of the clinic, please take a few minutes to fill out this anonymous survey:**

<https://www.surveymonkey.com/r/7DFRLQ6>

Included is a Vaccine Information Statement on the Flu vaccine. Please contact us or visit our website at <http://www.co.hendricks.in.us/health> for more information about our services.

Sincerely,

*Kandi Jamison*

Kandi Jamison, BSN, RN  
Assistant Director of Public Health Nursing



**Hendricks County Health Department**  
355 S. Washington St., #211  
Danville, IN 46122  
(317)745-9222, Fax (317)745-9383

**School Flu Clinic Form**

Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

NPI: 1437588811

**PATIENT INFORMATION: \*\*ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS\*\***

Patient \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number(s) \_\_\_\_\_

Sex: ☐ Female ☐ Male ☐ Unknown ☐ Other: \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**INSURANCE INFORMATION**

☐ Medicaid Number \_\_\_\_\_ ☐ Medicare Number \_\_\_\_\_

☐ Private Insurance Name: \_\_\_\_\_ Group Number \_\_\_\_\_ Member ID \_\_\_\_\_

☐ No Health Insurance

Relationship to the patient: ☐ Legal Guardian ☐ Self ☐ Other: \_\_\_\_\_

1. Has the person to be vaccinated ever had an allergic reaction or other problem after a flu vaccination?  
☐ Yes ☐ No
2. Has the person to be vaccinated ever had Guillain-Barre Syndrome?  
☐ Yes ☐ No
3. Has the person to be vaccinated had an allergy to eggs, chicken products, gelatin, or latex?  
☐ Yes ☐ No

**CONSENT TO TREAT:** I authorize Hendricks County Health Department (HCHD) to administer treatment as deemed necessary for care of the patient named above. I authorize HCHD to enter immunization records into CHIRP and be enrolled in MyVaxIndiana. I certify that I am the patient, parent or legal guardian of the patient. I also certify that no guarantee or assurance has been made as to the results that may be obtained from the treatment. I hold Hendricks County, the Hendricks County Health Department and its employees harmless from any and all liability as a result of this treatment and appointment.

**ASSIGNMENT OF BENEFITS:** All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payments. The patient/parent/responsible party is responsible for any unpaid balances. I request that payment of authorized Medicare, Medicaid, or other insurance company benefits be made to Hendricks County Health Department for any services furnished to me by the Hendricks County Health Department. Regulations pertaining to Medicare and Medicaid assignment of benefits apply.

**NOTICE OF PRIVACY PRACTICES:** A copy of HCHD Notice Of Privacy Practices is available at the Health Department Clinic, at [www.co.hendricks.in.us/health](http://www.co.hendricks.in.us/health), or upon request can be forwarded per my instructions. I acknowledge that I have been given an opportunity to read the Notice of Practices for the Hendricks County Health Department and to have any questions answered before signing.

**VACCINE INFORMATION STATEMENT (VIS):** I acknowledge that I have been provided a VIS

***My signature indicates agreement to the above and that all information provided above is true and accurate:***

\_\_\_\_\_  
*Signature of Patient or Legal Representative*

\_\_\_\_\_  
*Printed Name of Patient or Legal Representative*

\_\_\_\_\_  
*Date*

**Staff use only:**

VFC Thru 18 Private Adult 317 Age 19(+) CHIRP ☐

IM / ID RD / LD Lot:

Is the person to be vaccinated currently ill? ☐ Yes ☐ No

Nursing Note: Pt/Guardian education completed ☐. Pt. tolerated inj. WNL ☐. Nurses' note ☐.

Uninsured  
\$\_\_\_\_\_ Pd in Full / Owes \$\_\_\_\_\_  
☐ Cash ☐ Check # \_\_\_\_\_

Review by: \_\_\_\_\_

*Signature and Title of Vaccine Administrator*

*Date Vaccinated*

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

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

**Flu vaccine can:**

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

## 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.

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.



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



## 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

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only

