



Sullivan County Regional Health Department Flu Vaccination Program for Schools 2017 – 2018

Please return this form to your school by:

PLEASE PRINT

IMPORTANT!!! PHONE NUMBERS WHERE PARENT/GUARDIAN CAN BE REACHED DURING SCHOOL HOURS:
 Work: _____ Cell: _____ Home: _____

Student Information

Last: _____ First: _____ MI ____ Date of Birth: _____ Sex: M or F
 Address: _____ City: _____ Zip: _____
 Social Security #: _____ Race (Circle one)

Caucasian	Hispanic	Non-Hispanic
American Indian	Alaska Native	Other

School: _____ Homeroom Teacher: _____ Grade: _____

Please check Yes or No to all of the questions below to determine if your child can receive the Inactivated Influenza Vaccine (“flu shot”). The nurse giving the vaccine will review this information on the day the vaccine is given.

Has your child ever had a serious allergic reaction to any component of any flu vaccine (eggs, gentamicin, gelatin and arginine)?	Yes	No
Has your child ever had a serious reaction to a previous dose of the flu vaccine in the past?	Yes	No
Has your child ever had Guillain-Barre syndrome?	Yes	No
Does your child have any allergies? If yes, please list:	Yes	No
Is your child under 9 years of age?	Yes	No

(If your child is less than 9 years of age and has never been vaccinated against the flu or has not been vaccinated with at least 2 doses of seasonal influenza vaccine before July 1, 2016, your child will require 2 doses this year. Please wait four weeks and call the Sullivan County Health Department to schedule this second dose of the Influenza vaccine.)

I have read the 2017 Vaccination Information Statement for the Inactivated Influenza Vaccine (flu shot), I understand the risk and benefits, and I give consent to the Sullivan County Health Department and its authorized staff for my child named at the top of this form to receive the inactivated injectable influenza vaccine (shot).

Request for Administration of Influenza Vaccine for the above named recipient: I will receive information about the vaccine and special precautions on the Vaccine Information Sheet prior to my child receiving the vaccine and on the day of vaccination. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent that the vaccine be given to the person above of whom I am parent or legal guardian and acknowledge that no guarantees have been made concerning the vaccine’s success. I hereby release the City of Kingsport, Kingsport City Schools, the City of Bristol, Bristol City Schools, Sullivan County Department of Education, and Sullivan County Regional Health Department, their affiliates, employees, directors, and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination.

I understand that this document will be given to and retained by the public health department. I give my permission for my child’s school to retain a copy if needed.

Signature of Parent/Legal Guardian: _____ Date: _____

Print Parent/Legal Guardian: _____



Sullivan County Regional Health Department Flu Vaccination Program for Schools 2017 – 2018

Insurances Accepted for vaccination

**Copy of insurance card preferred (Front and back) if copy of insurance card is not available complete all information below.*

Private Insurance Provider: (circle one)

1) Blue Cross/Blue Shield 2) Cigna 3) Humana 4) United Health Care 5) Cover Kids

***Only Insurances listed will be accepted**

TennCare Insurance Provider: (circle one)

1) BlueCare 2) Amerigroup 3) UnitedHealthcare Community Plan

Member Subscriber Name as on card: _____ **Group # :** _____

Member / Subscriber ID: _____

Address to send medical claims to: (information typically found on the back of the card)

Area below for official use ONLY

#1 Manufacturer: Sanofi VIS Date: _____ **Other** _____

Lot number: _____ **Site administered:** **Right Deltoid** **Left Deltoid** **Intranasal**

Date Given: _____ **Signature:** _____

Signature above indicates immunization given according to PHN Protocol

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.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite 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



Department of Health. Authorization No. 343031. Number of copies 103,000.
This public document was promulgated at a cost of \$0.03 per copy. 09/15