Influenza Vaccine

Vaccine Information Statement

Risks of a Vaccine Reaction

What if there is a serious vaccine reaction?

4)

What you need to know

1)

Influenza (Flu) Vaccine

<table>
<thead>
<tr>
<th>My get vaccinated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactivated or recombinant</td>
</tr>
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</table>

The National Vaccine Injury Compensation Program

The subject of vaccines and their benefits is a complex issue. For a list of the benefits and risks associated with each vaccine, please refer to the Vaccine Information Statement. The statement can be obtained from the Centers for Disease Control and Prevention or from your local health department.

**Tips:**
- Before you receive a vaccine, talk to your healthcare provider about any concerns you may have.
- Be aware of the potential side effects of the vaccine.
- Report any adverse events to the local health department or the Centers for Disease Control and Prevention.

**Important:**
- Have your vaccination record with you on the day of your appointment.
- Do not delay or avoid getting vaccinated because you are unsure about the risks.
- If you have any questions about the vaccine, discuss them with your healthcare provider.

**For more information:**
- Visit the CDC website at (www.cdc.gov).
- Contact your local health department.

**Safety:**
- It is important to report any adverse events to the local health department or the Centers for Disease Control and Prevention.
- Reporting adverse events helps to ensure that vaccines are safe and effective.

**Adverse Events:**
- Adverse events are the medical events that occur after a vaccine is administered.
- They can range from mild to serious.
- Reporting adverse events helps to prevent the spread of disease and protect public health.

**Other Information:**
- The National Vaccine Injury Compensation Program is a program established by the U.S. government to provide compensation for individuals who suffer injuries or death as a result of a vaccine.
- The program is administered by the U.S. Court of Claims.
- For more information about the program, visit the website at (www.cdc.gov).

**Contact Information:**
- CDC Vaccine Information Program
- 1-800-232-2522
- Vaccine.gov

**Important:**
- It is important to report any adverse events to the local health department or the Centers for Disease Control and Prevention.
- Reporting adverse events helps to ensure that vaccines are safe and effective.

**Additional Resources:**
- CDC Vaccine Information Program
- 1-800-232-2522
- Vaccine.gov
Flu Vaccine Consent Form

School Name: ____________________________  Clinic Date: ____________________________

PLEASE COMPLETE ALL OF THE INFORMATION BELOW - Please print using ink (incomplete forms will not be accepted)

<table>
<thead>
<tr>
<th>FIRST NAME of Student:</th>
<th>LAST NAME of Student:</th>
<th>Gender: Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Birthdate: (mo,day,yr)</th>
<th>Age</th>
<th>Homeroom Teacher / Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

Address

<table>
<thead>
<tr>
<th>Home Phone # ( )</th>
<th>Cell Phone # ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

City  Zip Code  State

Student Race: (Circle one)  African American / Black  White  Alaskan/ Native American  Asian  Hispanic  Non-Hispanic Hawaiian / Pacific Islander  Other :

Email address: ____________________________________________

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please fill out the following questions pertaining to your child’s Health Insurance:

- [ ] Medicaid
- [ ] My child does NOT have health insurance

<table>
<thead>
<tr>
<th>Insurance Company:</th>
</tr>
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</table>

Policy Holder’s First Name: ____________________________  Policy Holder’s Last Name: ____________________________

Member ID: ____________________________

Policy Holder’s Date of Birth: (mo,day,yr)

CHECK YES OR NO FOR EACH QUESTION

[ ] 1. Has your child ever had a life threatening reaction(s) to the flu vaccine in the past?

[ ] 2. Has your child ever had Guillain-Barre’ syndrome?

[ ] 3. Does your child have an allergy to eggs?

[ ] 4. Does your child have a blood disorder such as hemophilia?

[ ] 5. Will this be the first time your child has ever received a flu vaccination?

[ ] 6. If available next year, would you prefer to have Flumist ?

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD’S PEDIATRICIAN OR CALL US AT 334-738-4840 TO SPEAK TO A REPRESENTATIVE.

I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at 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 person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine’s success. I hereby release the school system, HNH Immunizations, Inc. & subsidiaries, affiliated schools of nursing, their directors and 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. Clinic dates can be obtained from the school. I understand that the health related information on this form will be used for insurance billing purposes and your privacy will be protected.

Printed Name of Parent/Guardian ____________________________  Signature of Parent/Guardian ____________________________  Date ____________________________

VIS CDC IIV 08/07/2015 FLUCELVAX EXP Date: ____________________________ RN # ____________________________ Date: ____________________________

HNH Immunizations Inc.
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AL@healthherousa.com
334-738-4840

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