



An Affiliate of **MERCYONE**

**Community Health
Kossuth Regional Health Center**
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www.krhc.com

Parent/Guardian:

This year, as in the past, Community Health at KRHC, will be bringing the flu vaccine to the schools when it becomes available. Flu shots will be the only vaccine available. A note will be sent home with your child the day he or she receives the vaccine.

If you would like your child vaccinated for influenza this year, we highly encourage your child be vaccinated at school. This can help prevent the spread of coronavirus by eliminating unnecessary trips/foot traffic at the local clinic, grocery stores, etc.

It is important to receive the flu vaccine this year as hospitals have the potential to become overwhelmed with flu and COVID patients.

If you want your child to receive the flu vaccine at school, the following must be returned to the school by **September 18th**:

- * Influenza Vaccine Consent Form
- * Copy of your insurance card (front and back)

**** *The Consent Form and Vaccine Information Sheet are available on your school's website or at the school office. If you need the Consent Form and Vaccine Information Sheet sent home with your child, please notify the school office.***



**KOSSUTH
REGIONAL
HEALTH CENTER**

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2020-2021 Season Influenza Vaccine Consent Form
Kossuth Community Health/Kossuth Regional Health Center

PATIENT INFORMATION about the person receiving the vaccine. Please print clearly.

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	GRADE
MAILING ADDRESS			AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
CITY	STATE	ZIP	PHONE NUMBER	

PARENT/LEGAL GUARDIAN INFORMATION (if patient is under age 18) **OR Insurance Policy Holder Information**

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	
MAILING ADDRESS (if different than child's address)				
CITY	STATE	ZIP	PHONE NUMBER	

MEDICAL INFORMATION about the person receiving the vaccine

Please mark YES or NO for each question.	YES	NO
Does the person receiving vaccine have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
Has the person receiving the vaccine ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
Has the person receiving the vaccine ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?	<input type="checkbox"/>	<input type="checkbox"/>

CHECK ONE BOX to indicate how you will pay for the influenza vaccine:

- I have no insurance.
- My insurance does not cover immunizations.
- Children ages 6 months to 18 years can receive vaccine through the VFC (Vaccines for Children) program. Administrative fee of \$19 is requested. Adults, age 19 and older, need to self-pay.
- I have current Medicaid/MCO coverage. *I know that I am required to have my Title 19 card (or a copy) with me at the time I receive the flu vaccine.*
- I have verified that my health insurance covers flu vaccine. I know that I am required to have my health insurance card (or a copy) with me at the time I receive my flu vaccine and will receive a bill for cost/co-pay of vaccine if insurance does not pay.
- Employer Pay. Name of company: _____ Address of company: _____
- Self-Pay: \$42 for people age 49 or under, \$72 age 50 and older. Office use: Payment rec'd: _____ Initials: _____

CONSENT TO RECEIVE INFLUENZA VACCINE

By signing below, I GIVE CONSENT to Community Health/KRHC and its staff to vaccinate my child or myself. I acknowledge that the information above is correct. I understand that if my child is under the age of 9 they may need a second dose of this vaccine. I understand that this vaccine may cause flu-like symptoms in some people and in rare incidents Guillain-Barré Syndrome. I accept responsibility for seeking medical attention for any problems with the vaccination. I have had the opportunity to review the Influenza Vaccine Information Statement. I have had the chance to ask questions, which were answered to my satisfaction. I authorize billing of this vaccination to my health insurance and if my health insurance does not pay, I will accept full financial cost for the vaccination.

SIGNATURE (Person receiving vaccine or parent/legal guardian): _____

DATE: _____

FOR CLINIC USE ONLY:

Date	Vaccine	Route/Dose/Site	Lot # and Expiration Date	Name and Title of Vaccine Administrator and Date
	<input type="checkbox"/> Fluzone (6 mo-49 yrs) <input type="checkbox"/> Flublock (50 yrs-64 yrs) <input type="checkbox"/> High Dose (65+ yrs)	IM 0.5 ml RT LT IM 0.5 ml RD LD		

Is this a child who needs dose #2? If so, stress importance of dose 2 and give instruction sheet on how to obtain the second dose.

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 vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it 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 of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

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. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



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

4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

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. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do 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. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- 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 www.cdc.gov/flu

Vaccine Information Statement (Interim)
Inactivated Influenza
Vaccine



Office use only

8/15/2019 | 42 U.S.C. § 300aa-26