



P.O Box 226 • 1051 State Road 229 North  
Batesville, IN 47006  
Phone: 812.932.5105

Dear Parent/Guardian/School Staff:

Margaret Mary Health will be giving the flu vaccine at school this fall to students and school staff.

The flu shot (injection) will be the only form of flu vaccine available.

**Vaccine Charge Options:**

**Medicaid** - The Vaccine for Children Program provides vaccine at no cost to children 18 years and younger who have Medicaid.

**No Health Insurance** - A person who does **NOT** have health insurance can receive the flu vaccine at no cost through the Vaccine For Children Program or the Adult Vaccine Program (317 funding).

**Insurance Does Not Cover Vaccines** - A person who has health insurance that does not cover vaccines can receive the flu vaccine at no cost through the Vaccine For Children Program or the Adult Vaccine Program (317 funding).

**Insurance** - Please contact your insurance company to verify eligibility, coverage, and location limitations. Some insurance companies will not cover vaccines administered in the school setting. Immunizations are billed as 'preventative' and may be covered under the wellness category of your insurance plan. Our provider is Lynn Tyrer, PA-C. The insurance company makes the final determination of your eligibility and coverage.

If you have any questions, contact:

- Margaret Mary Occupational Health & Wellness Clinic at 812.932.5105
- Your school nurse
- Your child's healthcare provider

If you would rather come to our clinic to receive the flu vaccine, appointments can be made by calling 812.932.5105.

**Consent form due: October 11<sup>th</sup>, 2019**

*No late forms will be accepted.*



Occupational Health & Wellness Center
1051 State Road 229 N. • Batesville, IN 47006
Phone: 812.932.5105

ONSITE FLU VACCINE CONSENT

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female
Home/Cell Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Relationship: \_\_\_\_\_ Home/Cell Phone Number: \_\_\_\_\_
School/Employer: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Care Doctor: \_\_\_\_\_

- 1. Is this the first time you have ever received the flu vaccine?
2. Have you ever had a severe, life-threatening allergic reaction to a previous flu vaccine?
3. Do you have a severe, life-threatening allergy to eggs?
4. Have you ever had Guillain-Barre syndrome (A rare nerve disorder causing paralysis)?

Insurance: Please contact your insurance company to verify eligibility, coverage and location limitations. Some insurance companies will not cover vaccines administered in the school setting. Immunizations are billed as 'preventative' and may be covered under the wellness category of your insurance plan.

5. Select One:

- No Health Insurance.
Insurance Does Not Cover Vaccines.
Medicaid. Charges will be submitted to Medicaid.
Insurance Covers Vaccines. Charges submitted to insurance.

Guarantor's Information (Person carrying insurance):

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_
Home/Cell Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Employer: \_\_\_\_\_
If Guarantor works for school system (SISIC), which school? \_\_\_\_\_

Acknowledgment and Signature: By my signature below, I represent I am the patient or I am the patient's legal representative and the guarantor of the patient's account pursuant to the financial acknowledgement described above.

The Patient Consent and Conditions of Treatment can be found at mmhealth.org/privacy-policy/
Vaccine Information Sheets can be found at cdc.gov/vaccines/hcp/vis/

Patient/Legal Representative Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_
Printed Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_



# 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 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.



## 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](http://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](http://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](http://www.cdc.gov/flu)

Vaccine Information Statement (Interim)  
**Inactivated Influenza  
Vaccine**



Office use only