HarveyCounty

Public Health
Prevent · Promote · Protect

HEALTH DEPARTMENT PINE STREET HEALTH SERVICES 215 S. PINE STREET, 2ND FLOOR NEWTON, KANSAS 67114 PHONE: 316-283-1637 FAX:316-283-1757

Investing today for a healthy tomorrow

09/21/2021

Dear Parent/Guardian:

Once again, Harvey County Health Department will be holding vaccination clinics to protect students from the flu. The Health Department only provides the quadrivalent flu vaccine - combating four flu viruses. The clinics will be held at every school in Harvey County during school hours. **We will be at Hesston Schools on Tuesday, October 12th.**

Forms will go home with elementary and middle school students. Families of high school students may pick up forms at the school office or print from ***harveycounty.com/departments/health-department.html*** or ***usd373-ks.schoolloop.com*** (check SMART Backpack Flyers).

If you would like to have your child vaccinated, complete the **Influenza Registration Form** and return it with insurance information or payment to your child's school or the Health Department by **Tuesday, October 5th.** Please complete both sides of form and parent/guardian signature is required.

We accept private insurance, Medicaid and KanCare. Fill out the insurance information section completely and send a copy of both sides of your child's card with the **Influenza Registration Form**. A sliding fee scale is available for those who qualify. Please see the form for more information. **We will be unable to vaccinate anyone with incomplete paperwork or payment.**

A copy of Harvey County Health Department's **Notice of Privacy Practices** is available upon request. The CDC Vaccination Information Statement is included in the packet. Both of these can be found on our website at **https://www.harveycounty.com/departments/health-department/programs/flu-and-pneumonia-vaccinations.html**

Children may reserve the right to refuse the vaccine at the time of service. Additionally, any child with a medical contraindication will not receive the vaccine during the school clinic, but will be referred to the provider of choice for service.

Contact the Harvey County Health Department with any questions.

Sincerely,
Tobias Harkins, RN, Assistant Director

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HARVEY COUNTY HEALTH DEPARTMENT **Influenza Registration Form**

CLIENT INFORMATION: Legal Last: _____ Legal First: _____ MI: _____

Birth Date: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: H (___)_____ Cell (___)_____ Work (___)_____

School: _____ E-Mail, if over age 18: _____

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Sex: ☐ Male ☐ Female **Marital Status:** ☐ Single ☐ Married ☐ Widowed

Race: ☐White ☐ Asian ☐Black/African Am. ☐Am. Indian ☐Native Hawaiian/Pacific Islander ☐ Other

Ethnicity: ☐Hispanic ☐Non-Hispanic

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PARENT/GUARDIAN INFORMATION (if client is under 18):

Last: _____ First: _____ MI: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: H (___)_____ Cell (___)_____ Work (___)_____

SS#_____ E-Mail: _____

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Payment or arrangements must be made before the vaccination will be given. How do you plan to pay?

If not filing insurance, please contact us at 316-283-1637 to discuss payment.

☐ I will pay full fee today. Cash or check. Make check out to the Harvey Co Health Dept.

☐ I wish to apply for a reduced fee. My family's **gross** income is _____ per _____. (Please use your most current IRS Form 1040 Adjusted Gross Income if you filed taxes.) Number in household: _____.

☐ Bill private health insurance plan. Insurance card/information must be presented prior to or at time of service.
Policyholder's Name: _____ Policyholder's DOB: _____
Insurance Name: _____ Member ID: _____

☐ Bill KanCare and/or Medicaid. Insurance card/information must be presented prior to or at time of service.
Child's Name as it appears on card: _____ Insurance Name: _____
Insurance ID#: _____

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Please read and check each box that applies before signing.

☐ I give consent for the person named above to receive the requested vaccination.

☐ I authorize immunizations for the person named above be sent to his/her school upon request.

☐ I request a copy of the Vaccination Information Statement be presented at time of service.

☐ I request a copy of the Health Department's Notice of Privacy Practices to be presented at time of service.

☐ I request payment of insurance benefits to the Harvey County Health Dept.

☐ I authorize the release of only the medical or billing information necessary to process claims for insurance providers including Medicare or Medicaid.

☐ I agree to be fully responsible for any co-pay, deductible or non-covered services.

_____ _____ _____

Signature of Client or Responsible Party Relationship to Client Date

SEE BACK SIDE

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For the client to receive any vaccine, all questions must be answered.

1. Does the client have any known allergies? YES NO

   If so, please list:_____

2. Has the person to be vaccinated ever had a reaction to vaccinations (shots) before? YES NO

   If so, please describe:_____

3. Has the client received any vaccine within 30 days before today? YES NO

4. Has the client ever received an influenza (Flu) vaccine? YES NO

5. Has the client ever had a reaction to an influenza (Flu) vaccination? YES NO

   If so, please describe:_____

6. Has the client ever had Guillian-Barre syndrome (a form of paralysis)? YES NO

7. Does the client have asthma, recurrent wheezing, or active wheezing? YES NO

8. Is the person to be vaccinated currently sick or experiencing a high fever? YES NO

9. Does the client have any of the following:
   a. Kidney Disease? YES NO
   b. Heart Disease? YES NO
   c. Blood Disorder? YES NO
   d. Metabolic diseases (e.g. diabetes)? YES NO
   e. Any disease that lowers the body's resistance to infection? YES NO

10. Is the client taking steroids, arthritis medication, chemotherapy or recently completed a course of steroids? YES NO

11. Has the person to be vaccinated had a seizure, convulsions or other neurological problem? YES NO

12. Will the client have close contact with anyone who has a weakened immune system and requires care in a protective environment? YES NO

13. Is the client pregnant, nursing, or thinking of becoming pregnant within the next three months? YES NO