October 2021

RE: Influenza Vaccination Clinic
POD (Points of Dispensing) Exercise

A flu clinic will be held at the Selby Area School on Wednesday, October 20th, 2021, for children in kindergarten through 12th grade. This flu shot clinic is a test/exercise of the Mobridge POD Plan. A POD (Point of Dispensing) Plan is a coordinated effort among several agencies and community members to dispense and distribute medication or vaccine to a regional population in an efficient and effective manner.

The state is supplying the vaccine free of charge, and there is no administration fee for the local Point of Dispensing (POD)/Flu Vaccination Clinic.

The single best way to protect against the flu is through vaccination. Influenza vaccination helps protect children from the flu and its complications. In addition, the vaccination decreases the spread of influenza in the community since children are the biggest spreaders of the disease to adults and other children.

Two doses of vaccine separated by 4 weeks are recommended for children aged 6 months through 8 years when:

- They are receiving influenza vaccine for the first time
- They have not had at least two doses of influenza vaccine at least 4 weeks apart before July 1, 2021
- Their past influenza vaccination history is not known
- Any of the above are true, and they have their 9th birthday after their first dose. A second dose is indicated.

You can contact the Community Health Office or your medical provider to schedule the second dose.

If you would like your child to receive the vaccine, please complete the following:

- Review the Influenza Vaccine Information Statement on the CDC website.
  https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf
- Complete the Seasonal Influenza Consent Form with a signature and the phone number where you can be reached at during the time of the clinic.
- Return the completed consent form to the school by Monday, October 18th.

If you have questions, please contact the Walworth County Community Health Office at 605-845-8127.

2021-2022 INACTIVATED INFLUENZA CONSENT FORM POD 8/2021

Review carefully before arriving at the POD

CLINIC: Mobridge POD

1) Stay home if you do not feel well
2) Complete and sign this form BEFORE arriving at the POD.
3) Clinic will facilitate social distancing, please respect directions and signs
4) Wear clothing that allows easy access to the upper arm
   (Upper thigh for infants and preschoolers)
5) Plan to wait 15 minutes after vaccination in the designated area.

Information about person to be vaccinated (please print)

Last Name:_____ First Name _____ Sex____M ____F

Date of Birth:_____ Phone # _____ Mailing Address _____

City _____ Zip _____

For child - Please Print

Parent's Name:_____

	Yes	No	Don't Know
1) is the person sick today?			
2) Does the person have an allergy to eggs or to a component of the vaccine?			
3) Has the person ever had a serious reaction to influenza vaccine in the past?			
4) Has the person ever had Guillain-Barré syndrome?			
5) Fever or chills?			
6) Cough, shortness of breath, or difficulty breathing?			
7) Headaches, muscle or body aches, unusual fatigue?			
8) New loss of taste or smell?			
9) Sore throat, congestion, or runny nose?			
10) Nausea, vomiting, or diarrhea?			
11) Recently exposed to, or caring for somoni positive for COVID-19?			
12) Positive for COVID-19 in the last 30 days?			

I have been provided a copy of and have read or have had explained to me the information about influenza and the vaccine listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.

Signature _____ **Date** _____

Person to be vaccinated (If minor, parent or guardian signature)

If completing form for a child that you will not accompany, please provide a phone number where you can be reached on the date/time of the clinic:

(Phone number) _____

for office use only

	Type	Date/Time	Vaccine Manufacturer (Circle)	Vaccine Lot number	Dose	IM Site (Circle)	Date of VIS Publication	Full Signature of person administering vaccine
INFLUENZA	IIV4		Sanofi Pasteur / GlaxoSmithKline		0.5 mL	L R Deltoid Thigh	8-6-2021	

Abbreviation Key: IIV4 - Inactivated Influenza Vaccine, Quadrivalent IM - Intramuscular L - Left R - Right

for children: office use only _____ **Child needs 2nd Dose** _____ **Assess if child needs second dose**