

# Fight the Flu! Get vaccinated!

SANFORD

Canby

Flu shots will be offered at your child's school on the following date:

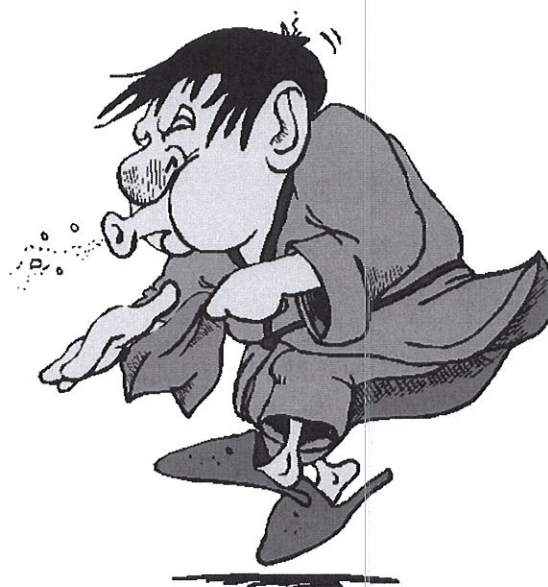
**Tuesday, October 22<sup>nd</sup>, 2019**

**Take advantage of this opportunity**



To help us vaccinate everyone as quickly as possible, follow the steps below. It's as easy as 1, 2, 3!

- 1) Obtain forms for each child to be vaccinated. **(See attached)** More forms are available at Sanford Canby Clinic or online at - [www.sanfordcanby.org](http://www.sanfordcanby.org)
- 2) Complete registration forms for each individual being vaccinated.
- 3) Attach a copy of the insurance card (*front & back*) to each child's registration form and have your child return to school by **October 14<sup>th</sup>, 2019**



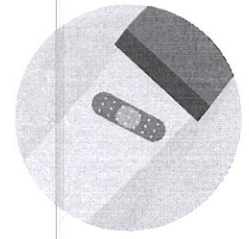
**If everything is not completed, your child will not be able to be vaccinated.**

\*if you prefer to have your child vaccinated at a community influenza clinic verses at the school, refer to the website for vaccine clinic dates.



# The Flu:

## A Guide for Parents



Influenza (also known as flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and lungs. Flu is different from a cold, and usually comes on suddenly. Each year flu viruses cause millions of illnesses, hundreds of thousands of hospital stays and thousands or tens of thousands of deaths in the United States.

Flu can be very dangerous for children. CDC estimates that between 6,000 and 26,000 children younger than 5 years have been hospitalized each year in the United States because of influenza. The flu vaccine is safe and helps protect children from flu.

### What parents should know

#### How serious is flu?

While flu illness can vary from mild to severe, children often need medical care because of flu. Children younger than 5 years and children of any age with certain long-term health problems are at high risk of flu complications like pneumonia, bronchitis, sinus and ear infections. Some health problems that are known to make children more vulnerable to flu include asthma, diabetes and disorders of the brain or nervous system.

#### How does flu spread?

Flu viruses are thought to spread mainly by droplets made when someone with flu coughs, sneezes or talks. These droplets can land in the mouths or noses of people nearby. A person also can get flu by touching something that has flu virus on it and then touching their mouth, eyes, or nose.

#### What are flu symptoms?

Flu symptoms can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, feeling tired and sometimes vomiting and diarrhea (more common in children than adults). Some people with the flu will not have a fever.



### Protect your child

#### How can I protect my child from flu?

The first and best way to protect against flu is to get a yearly flu vaccine for yourself and your child.

- Flu vaccination is recommended for everyone 6 months and older every year. Flu shots and nasal spray flu vaccines are both options for vaccination.
- It's especially important that young children and children with certain long-term health problems get vaccinated.
- Caregivers of children at high risk of flu complications should get a flu vaccine. (Babies younger than 6 months are at high risk for serious flu complications, but too young to get a flu vaccine.)
- Pregnant women should get a flu vaccine to protect themselves and their baby from flu. Research shows that flu vaccination protects the baby from flu for several months after birth.
- Flu viruses are constantly changing and so flu vaccines are updated often to protect against the flu viruses that research indicates are most likely to cause illness during the upcoming flu season.

#### Is flu vaccine safe?

Flu vaccines are made using strict safety and production measures. Millions of people have safely received flu vaccines for decades. Flu shots and nasal spray flu vaccines are both options for vaccination. Different types of flu vaccines are licensed for different ages. Each person should get one that is appropriate for their age. CDC and the American Academy of Pediatrics recommend an annual flu vaccine for all children 6 months and older.

#### What are the benefits of getting a flu vaccine?

- **A flu vaccine can keep you and your child from getting sick.** When vaccine viruses and circulating viruses are matched, flu vaccination has been shown to reduce the risk of getting sick with flu by about half.
- **Flu vaccines can keep your child from being hospitalized from flu.** One recent study showed that flu vaccine reduced children's risk of flu-related pediatric intensive care unit admission by 74%.



- **Flu vaccine can prevent your child from dying from flu.**  
A study using data from recent flu seasons found that flu vaccine reduced the risk of flu-associated death by half among children with high risk medical conditions and by nearly two-thirds among children without medical conditions.
- **Flu vaccination also may make your illness milder if you do get sick.**
- **Getting yourself and your child vaccinated also can protect others** who may be more vulnerable to serious flu illness, like babies and young children, older people, and people with certain long-term health problems.

## What are some other ways I can protect my child against flu?

In addition to getting a flu vaccine, you and your child should take everyday actions to help prevent the spread of germs.

Stay away from people who are sick as much as possible to keep from getting sick yourself. If you or your child are sick, avoid others as much as possible to keep from infecting them. Also, remember to regularly cover your coughs and sneezes, wash your hands often, avoid touching your eyes, nose and mouth, and clean surfaces that may be contaminated with flu viruses. These everyday actions can help reduce your chances of getting sick and prevent the spread of germs to others if you are sick. However, a yearly flu vaccine is the best way to prevent flu illness.

## If your child is sick

### What can I do if my child gets sick?

**Talk to your doctor early if you are worried about your child's illness.**

Make sure your child gets plenty of rest and drinks enough fluids.

If your child is 5 years or older and does not have a long-term health problems and gets flu symptoms, including a fever and/or cough, consult your doctor as needed.

Children younger than 5 years of age – especially those younger than 2 years – and children with certain long-term health problems (including asthma, diabetes and disorders of the brain or nervous system), are at high risk of serious flu complications. Call your doctor or take your child to the doctor right away if they develop flu symptoms.

### What if my child seems very sick?

Even healthy children can get very sick from flu. If your child is experiencing the following emergency warning signs, you should go to the emergency room:

- Fast breathing or trouble breathing
- Bluish lips or face

- Ribs pulling in with each breath
- Chest pain
- Severe muscle pain (child refuses to walk)
- Dehydration (no urine for 8 hours, dry mouth, no tears when crying)
- Not alert or interacting when awake
- Seizures
- Fever above 104°F
- In children less than 12 weeks, any fever
- Fever or cough that improve but then return or worsen
- Worsening of chronic medical conditions



This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.

### Is there a medicine to treat flu?

Yes. Antiviral drugs are prescription medicines that can be used to treat flu illness. They can shorten your illness and make it milder, and they can prevent serious complications that could result in a hospital stay. Antivirals work best when started during the first 2 days of illness. Antiviral drugs are recommended to treat flu in people who are very sick (for example, people who are in the hospital) or people who are at high risk of serious flu complications who get flu symptoms. Antivirals can be given to children and pregnant women.

### How long can a sick person spread flu to others?

People with flu may be able to infect others from 1 day before getting sick to up to 5 to 7 days after. Severely ill people or young children may be able to spread the flu longer, especially if they still have symptoms.

### Can my child go to school, day care, or camp if he or she is sick?

No. Your child should stay home to rest and to avoid spreading flu to other children or caregivers.

### When can my child go back to school after having flu?

Keep your child home from school, day care, or camp for at least 24 hours after their fever is gone. (The fever should be gone without the use of a fever-reducing medicine.) A fever is defined as 100°F (37.8°C)\* or higher.

\*Many authorities use either 100 (37.8 degrees Celsius) or 100.4 F (38.0 degrees Celsius) as a cut-off for fever, but this number can vary depending on factors such as the method of measurement and the age of the person.

For more information, visit [www.cdc.gov/flu/protect/children.htm](http://www.cdc.gov/flu/protect/children.htm) or call 800-CDC-INFO



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



# 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.



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

## Seasonal Influenza Immunization – 2019/2020

Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
If Minor - Parent's Name: \_\_\_\_\_

**\* COPIES OF FRONT AND BACK OF ALL INSURANCE CARDS  
REQUIRED FOR EACH PATIENT.**

MEDICARE #: \_\_\_\_\_

**Yes No**

- ☐ ☐ Do you have an allergy to eggs or other parts of the vaccine?
- ☐ ☐ Have you ever had a reaction to an influenza vaccine (shot, nasal, or intradermal)?
- ☐ ☐ Are you feeling ill today? (fever, nasal congestion)
- ☐ ☐ Have you had Guillain-Barre Syndrome?
- ☐ ☐ Are you pregnant or could you become pregnant within the next month?
- ☐ ☐ Do you have a long term health condition such as diabetes, asthma, kidney disease, liver disease, heart disease, lung disease, anemia or other blood disorder, or nervous or muscle system disorder?
- ☐ ☐ Do you have a weakened immune system because of infection or disease that affects the immune system (such as HIV/AIDS), long term treatment with medications such as high-dose steroids, cancer treatment with radiation or medications, etc?
- ☐ ☐ Are you receiving antiviral medications?
- ☐ ☐ Are you between 2 and 17 years of age and receiving aspirin therapy or aspirin-containing therapy?
- ☐ ☐ Do you live with or expect to have close contact with a person whose immune system is severely compromised or requires a protective environment? (i.e., bone marrow transplant or stem cell transplant patients)
- ☐ ☐ Have you received any other vaccinations in the last 4 weeks?
- ☐ ☐ For children that are younger than age 5 has this person been told by a healthcare worker that he or she has wheezing or asthma?

### Children Under 9 Years Old:

I understand that manufacturer and CDC recommends 2 doses administered at least 1 month apart for children less than 9 years old who are receiving the influenza vaccine for the first time. Children 6 months through 8 years of age who received any one dose in their first year of vaccination should receive two doses the 2nd year they are vaccinated. I also understand that I will be responsible for obtaining my child's second vaccination, if necessary.

### Everyone:

I have been given a copy and have read or have had explained to me the information on this form about influenza vaccine. I have also been given a copy of the vaccination information statement dated 08/15/19 if I received the inactivated vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

I agree to wait 10 minutes after receiving this injection. I hereby authorize Sanford Canby Medical Center to release diagnostic and procedural information for the completion of my insurance claim form.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Vaccine	Dose	Route / Site	Vaccine Manufacturer / Lot Number
Seasonal Influenza Vaccine	<input type="checkbox"/> 0.25 ml <input type="checkbox"/> 0.5 ml <input type="checkbox"/>	<input type="checkbox"/> Lt. Deltoid <input type="checkbox"/> Rt. Deltoid <input type="checkbox"/>	
Administered by:			

### OFFICE USE ONLY

#### Place of Service:

- ☐ Hospital Outpatient
- ☐ Minnesota Clinic
- ☐ Canby Clinic
- ☐ Home Health
- ☐ Other \_\_\_\_\_





# Statement of Financial Responsibility and Release of Information

## FINANCIAL RESPONSIBILITY

I agree that I am financially responsible for all charges related to services provided by Sanford. If I have questions about my financial responsibility for Sanford's charges, or would like to see a copy of Sanford's Collection Policy; I may contact Sanford's Patient Financial Services.

Further, if I am provided health care services by a health care provider other than Sanford, while a patient within a Sanford facility or entity, I am financially responsible for all charges related to services provided by those health care providers. Sanford's billing statements will not include charges by health care providers who are independent of Sanford.

As a patient, I have given or will give Sanford Health or one of its affiliates my home phone number, mobile phone number, email address, and/or other contact information. By signing below, I agree to be contacted by Sanford Health, its affiliates, and/or a company hired by them using automatic dialing systems, recorded or artificial voice messages, text messages, emails, and/or similar methods. The purpose for these messages may include appointment reminders or other health care messages, patient feedback, surveys, marketing or promotional messages, upcoming events, unpaid balance messages, and/or other business messages.

## ASSIGNMENT OF PAYER BENEFITS

I agree Sanford and my attending health care provider will bill and provide necessary health information to any Payers. "Payers" are any health care insurance, private or government health plan or insurance policy that I have or another third party that will pay the charges I have incurred. All Payers may make payments directly to Sanford and my attending health care provider. My signature on this form is my authorized signature for the filing of a claim and request for direct payment of benefits by any Payer to Sanford and my attending health care provider. I agree that unless Sanford or my attending health care provider have agreed with the Payer to accept payment from the Payer as full payment, I am responsible to pay any charges not paid by the Payer. These charges can include but are not limited to co-pays, deductibles, co-insurance amounts and charges for non-covered services.

## MEDICARE BENEFICIARY REQUEST FOR PAYMENT AND ASSIGNMENT OF BENEFITS

If I am a Medicare beneficiary, I request that payment of authorized Medicare benefits be made on my behalf to Sanford and my attending health care provider for any services furnished me by Sanford and my attending health care provider, including physician services. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits or the benefits for related services.

## ACKNOWLEDGMENT

I have read the information above, and have had the opportunity to ask questions and have them answered to my satisfaction. If I am not the patient identified in the above label or on this form, I represent that I am authorized by law to agree to these conditions on the patient's behalf and am the authorized representative of the patient. A copy of this form is as effective and valid as the original.

\_\_\_\_\_  
Signature of Patient or Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Relationship to Patient (if not patient signing) \_\_\_\_\_