



MSAD#37 schools will be having an influenza vaccination clinic during the month of October/November. The influenza vaccine will be available at no cost to your child.

Please read the Vaccine Information Sheets attached to this letter and complete the attached Influenza Vaccine Health Screen & Permission Form and return to the school by **Friday, October 16th only if you want your child to receive the flu shot at school.** The clinic date is TBA.

- ✓ You will be notified if there is a change in the planned dates of school flu clinics.
- ✓ Reminder: Some children less than 9 years of age may need 2 doses of flu vaccine this year.
- ✓ Please see the Vaccine Information Statement.

For information about flu and the vaccine go to www.maine flu.gov, www.flu.gov, or <http://www.cdc.gov/flu> For questions about the flu vaccine call Maine Center for Disease Control & Prevention/Maine Immunization Program at 1-800-867-4775, Monday – Friday: 9:00 a.m. – 5:00 p.m.

For questions about the vaccine clinics at our school, please email the school nurse at atozier@msad37.org

Please be sure to complete and return the Influenza Vaccine Health Screen & Permission form **ONLY if you want your child to receive the flu shot at SCHOOL.**

INFLUENZA VACCINE HEALTH SCREEN & PERMISSION FORM

School Year: _____

NPI: _____

School Name: _____

Full Name:		Date of Birth: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:		Town/City:	Zip Code:	Daytime Phone:
Grade:	Teacher:		School Administrative Unit (District)	

Is this person an American Indian or an Alaskan Native? yes no

Is this person uninsured? yes no

Is this person insured by MaineCare (Medicaid)? yes no

MaineCare ID #: _____

Private Insurance? yes no

Name of Insurance Company: _____

ID Number: _____ Group Number: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

Doctor's Name: _____ Phone Number: _____

Please answer the following questions about **the person named above**. Comments may be written on the back of this form.

	YES	NO
1) Does this person have a severe (life-threatening) allergy to eggs?		
2) Has this person ever had a severe reaction to an influenza immunization in the past?		
3) Has this person ever had Guillain-Barre Syndrome?		
If you answered "yes" to any questions 1-3, please see your healthcare provider for influenza vaccination		
4) Does this person have asthma; currently wheezing; have a history of wheezing if under 5 years old; have problems with their heart, kidneys, lungs; diabetes; or are pregnant or nursing?		
5) Does this person regularly use aspirin or a medication with an aspirin-containing medication? (Children or adolescents should not be given aspirin for 4 weeks after getting FluMist.)		
6) Does this person have a weakened immune system, or come in close contact with someone who has a severely weakened immune system?		
7) Has this person received Tamiflu, Relenza, amantadine, or rimantadine within the past 48 hours?		
8) Has this person received any other vaccinations in the past 4 weeks? If yes: Type _____ Date _____		
If you answered "yes" to any questions 4-7, this person cannot receive the intranasal flu vaccine		

PERMISSION TO VACCINATE

- I was given a copy of the Influenza (Flu) Vaccine Information Statement, I have read this or had this explained to me and I understand the benefits and risks of the Influenza vaccine.
- I give permission for a record of this vaccination to be entered into the Maine Immunization Information System, ImmPact.
- I give permission for information to be used to bill MaineCare or private insurance for the cost of providing the vaccine.
- I give permission for the flu vaccine to be given to the person named above by signing below.

X _____ Date: _____

Signature of parent or guardian if person to be vaccinated is a minor or Signature of adult to be vaccinated

Printed Name of Parent or Guardian: _____

FOR OFFICE USE ONLY:

Date Dose Administered	Vaccine Manufacturer	Lot Number	Dose Volume	Signature and Title of Vaccinator	Body Site	Route	VIS date
/ /						<input type="checkbox"/> IM single dose <input type="checkbox"/> IM multi vial	State Supplied Y N

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.



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

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