

October 21, 2019

Si necesita esta informacion en
espanol, favor de llamar al
320-523-2570.

Dear Parents / Guardians / School Staff:

Renville County Public Health Services is working with Renville County schools to give flu vaccine to children and school staff. We will be offering the injectable form of vaccine.

The date for the students and school staff is:

BOLD – Bird Island & Olivia and St. Mary’s campuses Wednesday, November 6

If you accept the vaccination for your child:

- Read the Vaccine Information Statement (VIS)
- Include your payment information on the back of the consent form.
- Attach a copy of the front and back of the student’s insurance card.**
- The consent form must be *completely* filled out and returned to the school or the student will NOT be able to receive the vaccination. Details provided on the form is protected as private information. Make sure the consent form is:
 - Completely filled out Signed Dated
- Return the completed consent form to the school nurse **by Wednesday, October 30th.**

If, at any time, you change your mind about having your child vaccinated or you have any questions about the vaccine or the vaccination clinics, please call Tabitha at BOLD Schools at 320-365-3551, extension 3108.

Protect yourself and others – get vaccinated against influenza.

Sincerely,



Jill Bruns, Director

* Please fill out the front AND back of form.

Influenza Vaccine 2019-2020

**Renville County
Public Health Services**
105 S 5th St, Suite 119H
Olivia, MN 56277
Phone: 320-523-2570
Fax: 320-523-3749

Contact Information - person being vaccinated

Last Name		First Name		Middle I	Date of Birth
Street Address		City	State	Zip Code	Phone Number (or parent's #)
Primary Physician Name		Gender	School Grade (if applicable)	Parent Name (if applicable)	
		<input type="checkbox"/> male <input type="checkbox"/> female			

Immunization information may be shared through the Minnesota Immunization Information Connection (MIIC) with other healthcare providers, schools, health departments, and others authorized under law to receive it. If you have any questions, please ask your health care provider. If you decide not to have this information shared with MIIC, please call 1-800-657-3970.

Assignment of Benefits and Responsibilities for Payment: *This allows us to bill your health plan or company and receive payment directly. It also means that you agree to pay for services not covered by your health plan.* I authorize this health provider to bill my health plan or other payers on my behalf, and to receive direct payment of authorized benefits. I agree that it is my responsibility to pay for any health care services not covered by my health plan or company, including but not limited to copayments, deductibles and co-insurance.

Health History –If you answer “Yes” to any of the following questions, you will NOT be able to receive the influenza vaccine today.

No Yes

- 1. Are you sick today? (Fever of 100.5 or higher on the day of the clinic)
- 2. Have you ever had Guillain-Barré Syndrome within 6 weeks of an influenza vaccination?
- 3. Do you have a life-threatening allergy to a component of the vaccine? (May include antibiotics, gelatin, or latex.)
- 4. Do you have an allergy to eggs in which you experience symptoms more than hives only?
- 5. Have you ever had a reaction to a dose of flu vaccine that needed immediate medical attention?
- 6. Is this your first time receiving the flu vaccine? (For your information -For children 6 months through 8 years old: If your child did

NOT receive 2 or more doses of influenza vaccine in prior seasons, your child will need a second dose after 4 weeks for full protection this year.)

Agreement

I have read or had explained to me the Vaccine Information Statement "Influenza Vaccine: What You Need to Know." I have had the chance to ask questions which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I request that the influenza vaccination be given to me or to the person named above for whom I am authorized to make this request. I also acknowledge that a copy of the NOTICE OF PRIVACY PRACTICES is available to me on the Renville County Public Health website. **Please note: In the event of non-payment/ partial payment to Renville County Public Health by my insurance, I will be held responsible for the payment and will receive such statement/ invoice.**

Signature of Patient or Parent / Legal Guardian: _____ Date: _____

Vaccination Record: For Administrative Use Only – Do Not Write In This Box

Clinic Site

- BLHS – BL / Hector
220 Third Street West
Hector, MN 55342
- Cedar Mt – Fr / Mor
310 Somerville St
Morgan, MN 56266
- BOLD – BI / Olivia
701 S Ninth Street
Olivia, MN 56277
- RCW
301 Third Street NE
Renville, MN 56284
- Renville County Public Health
105 S 5th St, Suite 119H
Olivia, MN 56277
- Other: _____

Vaccine

Vaccine Stock: MnVFC Private
Vaccine Label:

Vaccinator

VIS 8/15/19 provided
Administered by: _____
Date: ___11/06/19___

Administration

Left Right
Deltoid Deltoid
 Left Right
Thigh Thigh

Payment Information: Complete for person receiving vaccination.

***** Attach a copy/photo of front and back of the insurance card. *****

If you cannot attach the copy of the card (front & back), you can fax it to #320-523-3749.

Or you can take pictures and text to #320-522-2912.

Please include student's name, school, and grade when faxing or texting pictures of the card.

Age 6 months through 18 years: Remember, attach a copy of the insurance card. See note above.

- No insurance. \$21 administration fee – checks payable to “Renville County PHS.”
- MN Medical Assistance (MA), MinnesotaCare, PrimeWest – administration fee billed to health care program.
- Insurance Coverage – vaccine and administration fee billed to insurance.

Company Name: BCBS Medica Preferred One Health Partners

Other: _____

American Indian or Alaskan Native –check one of two boxes below:

Bill my MN Medical Assistance (MA)

Bill my private insurance

Age 19 years and older: Remember, attach a copy of the insurance card. See note above.

- No insurance. \$35 vaccine and administration fee – checks payable to “Renville County PHS.”
- Insurance Coverage – vaccine and administration fee billed to insurance.

Company Name: BCBS Medica Preferred One Health Partners

Medical Assistance PrimeWest Other: _____

Medicare – vaccine and administration fee billed to Medicare.

ATTENTION: This document and its attachments are intended only for use by Renville County Public Health. It contains information that may be confidential under law. If you are not the agency responsible for reviewing this document: do not read, copy, or distribute the information. If you received this document in error, please notify us immediately by phone and return the document to us by mail.

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

8/15/2019 | 42 U.S.C. § 300aa-26