

**Clermont County General Health District
2011 – 2012 Flu Vaccine Administration Form**

SECTION 1

NAME (LAST)	(FIRST)	MI	DATE OF BIRTH	AGE	GENDER M F
ADDRESS		CITY	STATE	ZIP CODE	PHONE
PARENT/GUARDIAN NAME (IF UNDER 18 YEARS OF AGE)			PHONE		

SECTION 2

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES	NO
Is the person to be vaccinated sick today?		
Does the person to be vaccinated have an allergy to eggs, latex or thimerosal?		
Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?		
Has the person to be vaccinated ever had Guillain-Barre' syndrome?		

SECTION 3

I give Clermont County General Health District (CCGHD) permission to release the medical records of the above named person to their healthcare provider, school/employer, and the Ohio Department of Health Immunization Registry. I have received the Vaccine Information Statement (VIS Live, Intranasal Influenza Vaccine 2011-12 or VIS Inactivated Influenza Vaccine 2011-12), the CCGHD Notice of Privacy Practices, a written recommendation to wait at the clinic site for 15 minutes following vaccination, and had an opportunity to ask questions and discuss the vaccine with a medical professional. I understand the risks and benefits of the vaccine, and acknowledge the Clermont County Board of Health is not responsible or liable for any vaccine reaction that may occur. I am authorized to request vaccine administration. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.

Signature of person to receive vaccine or person authorized to make the request

Date

SECTION 4 – FOR OFFICE USE ONLY

PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ \$ Amount _____	VFC ELIGIBLE (< 19 YEARS OF AGE) <input type="checkbox"/> YES (MEDICAID, NO HEALTH INSURANCE) <input type="checkbox"/> NO
MEDICARE NUMBER	MEDICAID NUMBER (Ohio Medicaid or CareSource only)
	ELIGIBILITY DATES

DATE ADMINISTERED	SITE OF INJECTION <input type="checkbox"/> RD <input type="checkbox"/> LD <input type="checkbox"/> RT <input type="checkbox"/> LT	VACCINE DOSAGE <input type="checkbox"/> 0.25ML <input type="checkbox"/> 0.50ML <input type="checkbox"/> Intranasal
VACCINE LOT NUMBER	VACCINE MANUFACTURER <input type="checkbox"/> Sanofi Pasteur <input type="checkbox"/> MedImmune <input type="checkbox"/> Other _____	
SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR		

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2011-12

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 (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, the “flu shot,” is given by injection with a needle.

2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A “high-dose” inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

3 Who should get inactivated influenza vaccine and when?

WHO

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

4 Some people should not get inactivated influenza vaccine or should wait

- Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.
- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barré

Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

5 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever • aches • headache • itching • fatigue

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.

The safety of vaccines is always being monitored. For more information, visit:

www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html and
www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

6 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382**, or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor. They can give you the vaccine package insert or suggest other sources of information.
- 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 website at www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine (7/26/11) 42 U.S.C. §300aa-26

Clermont County General Health District

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Clermont County General Health District (CCGHD) provides services in which the staff must collect information about you to provide these services. The CCGHD knows that information we collect about you and your health is private. CCGHD is required to protect this information by Federal and State law. We call this information "protected health information" (PHI).

This notice describes and gives some examples of the permitted ways that health information may be used or released. Release of your information outside of the boundaries of the health district-related treatment, payment, or operations, or as otherwise permitted by State or Federal law, will be made *only* with your specific written authorization. You may revoke specific authorizations to release your information, in writing, at any time. If you revoke an authorization, we will not longer release your health information to the authorized recipient(s), except to the extent that the health district has already used or released that information in reliance of the original authorization.

CCGHD May Use and Disclose Information Without Your Authorization

- **For treatment.** CCGHD may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** CCGHD may use or disclose information to get payment or to pay for the health care services you receive. For example, CCGHD may provide PHI to bill your health plan for health care provided to you.
- **For Health Care Operations.** CCGHD may use or disclose information in order to manage its programs and activities. For example, CCGHD may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** CCGHD may send you reminders for medical care or checkups. CCGHD may send you information about health services which may be of interest to you.
- **For Health Oversight Activities.** CCGHD may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** CCGHD will use and disclose information when required or permitted by federal or state law or by a court order.
- **For Abuse Reports and Investigations.** CCGHD is required by law to receive and investigate reports of abuse.
- **For Government Programs.** CCGHD may use and disclose information for public benefits under other government programs. For example, CCGHD may disclose information for the determination of financial eligibility for Medicaid or WIC, or to determine eligibility and outcomes for grant funded programs such as Help Me Grow.
- **To Avoid Harm.** CCGHD may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Public Health.** CCGHD may release PHI for public health activities. These activities generally include, but are not limited to, the following:
 - To prevent or control disease, injury, or disability or to keep vital statistics records.
 - To notify social service agencies that are authorized by law to receive reports of abuse, neglect, or domestic violence.
 - To report reactions to medications or problems with products to the Food and Drug Administration (FDA).
- **To Family.** CCGHD may use your information to notify a family member, a personal representative, or a person responsible for your care of your location, general condition, or death.

(over)

Other Uses and Disclosures Require Your Written Authorization

- For other situations, CCGHD will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. CCGHD cannot take back any uses or disclosures already made with your authorization.

Your PHI Privacy Rights

When information is maintained by CCGHD as a public health agency, the public health records are governed by other State and Federal laws and are not subject to the rights describe below.

- **Right to Inspect and Get Copies of Your Record.** In most cases, you have the right to inspect or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct or Update Your Records.** You may ask CCGHD to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask CCGHD for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that CCGHD limit how your information is used or disclosed. You must make the request in writing and tell CCGHD what information you want to limit and to whom you want the limits to apply. CCGHD is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that CCGHD share information with you in a certain way or in a certain place. For example, you may ask CCGHD to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how CCGHD has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

Contact

Contact the Privacy Officer at 513-735-8400 if you have any questions about the notice or for further information.

How to File a Complaint or Report a Problem

If you believe your privacy rights have been violated, you may file a complaint with CCGHD or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing, either on paper or electronically. The complaint must name the entity that is the subject of the complaint and the acts or omissions believed to be in violation of the applicable requirement. The complaint must be filed within 180 days of when you knew, or should have known that the act or omission occurred. To file a complaint with Clermont County General Health District, contact the Privacy Officer at 513-735-8400. The present address for the Secretary of HHS is: Secretary, Department of Health and Human Services, Office of Civil Rights, U.S. Department of health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 2020. You will not be retaliated against for filing a complaint.

Changes to This Notice

The CCGHD reserves the right to revise this notice. We reserve the right to make the revised notice effective for the health information we already have about you, as well as any information we create or receive in the future. If you are enrolled in a health plan, such as Medicaid, we will provide you with a copy of the revised notice within 60 days; otherwise, we will provide a copy of our revised notice to you upon request.