

**Manchester Health Department
Influenza Vaccine 2020-2021**

This section for clinic use only:	City / School
Date: _____	
Vaccine Name, Manufacturer and Lot #: _____	
Route: <input type="checkbox"/> IM Injection	Site of injection: <input type="checkbox"/> Right deltoid <input type="checkbox"/> Left deltoid
VIS provided: <input type="checkbox"/> Influenza (Inactivated) 8/15/19	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (specify language)
Signature & title of Vaccine Administrator: _____	

Information about the person to receive vaccine (PLEASE PRINT):

Name: _____
Last First Middle Initial Birthdate Age

Address: _____
Street City State Zip

Sex assigned at birth: Male Female Choose not to disclose

Race: White African American Native American/Alaskan Native
 Asian Hawaiian or Pacific Islander Other Decline

Ethnicity: Hispanic/Latino Non Hispanic Decline

Do you have insurance? Yes No Insurance type: Medicaid Medicare
 Private Ins Other

Do you have a doctor? Yes No Provider or Practice Name: _____
Address: _____

Informed Consent and Release

- I have read or have had explained to me the information on this form about the above mentioned 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 above-mentioned vaccine and request that it be given to me or the person named above for whom I am authorized to make this request.
- Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have received the Notice of Health Information Practices from the Manchester Health Department and am aware of its contents.
- As an employee of the City of Manchester or the Manchester School District, I authorize the Manchester Health Department to release my name to my employer as having received the flu vaccine, which is being provided at no cost to me, for the purposes of reimbursement.

**Signature of Client/Parent
or Legal Guardian X** _____ **Date:** _____



Name _____ DOB _____

INFLUENZA 2020-2021 QUESTIONNAIRE

Flu vaccine comes as an injection (shot)

Screening Questions: Please answer the following questions by circling YES or NO:

- | | | |
|--|-----|----|
| 1. Is the person allergic to eggs, egg protein, gentamicin, hydrocortisone, formaldehyde, gelatin or any other component of the vaccine? | YES | NO |
| 2. Has the person ever had Guillain-Barré syndrome? | YES | NO |
| 3. Has the person experienced any problem in the past after receiving a vaccine? | YES | NO |
| 4. Does the person have thrombocytopenia or other coagulation problems? | YES | NO |
| 5. Does the person currently have an impaired immune response? | YES | NO |
| 6. Is the person feeling well today? | YES | NO |
| 7. Has this person ever received the flu vaccine? | YES | NO |

Date of last dose: _____

8. How did you learn about our clinic schedule? _____

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

Anna J. Thomas, MPH
Public Health Director



CITY OF MANCHESTER *Health Department*

NOTICE OF HEALTH INFORMATION 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.

The Manchester Health Department is a public agency serving the greater Manchester, New Hampshire area. The Health Department is regulated by Federal Privacy Rules, Public Health Law and New Hampshire State Law intended to safeguard and maintain the privacy of your medical information.

Understanding Your Health Record/Information

When you visit the Manchester Health Department, or are visited by a representative of the Manchester Health Department, a record of the visit is documented. This record may contain your symptoms, examination and test results, diagnosis, treatment, and a plan for your future care/services. This information called your health/medical record is an essential part of the health care/services we provide to you. It serves as a:

- Basis for planning your care and treatment.
- Means of communication with health professionals who contribute to your care.
- Legal document describing the care/services you receive.
- Verifies to third-party payers (insurance company) that services were provided.

Your Rights Regarding Your Health Information

Although your health record is the physical property of the Manchester Health Department, the information belongs to you. Under Federal Privacy Rules, you have the right to:

- Receive notice of the use and disclosure of your health/medical record, including a paper copy of the notice if requested.
- Request restrictions on use and disclosure of your health information, or request we send your confidential communications by alternative means.
- Inspect and obtain a copy of your record.
- Request your health record be amended.

Our Responsibilities

The Manchester Health Department is required to:

- Maintain the privacy of your health information.
- Provide you with notice as to the Manchester Health Department's legal duties and privacy practices with respect to health information we collect and maintain about you.
- Abide by the terms of this notice
- Obtains your consent before disclosing your health/medical information.
- The Manchester Health Department reserves the right to change and revise its privacy practices to remain in compliance with Federal and State Laws. Should this be required than patients/clients will receive a new Notice of Health Information Practices at the next visit.

Disclosures Permitted Without Consent for National Priority Purposes

The Manchester Health Department is permitted to use and disclose your health information without your consent when:

- Required by state or federal law.
- To authorities, including state medical officers, the Food and Drug Administration, law enforcement, organ procurement organizations, medical examiners, in connection with workers compensation, when requested for certain specialized government functions, including military and similar situations and other agencies charged with preventing or controlling disease.

For More Information, to Request Information or to Report a Problem

If you have questions you may contact the Manchester Health Department, 1528 Elm Street, Manchester, NH 03101. (603) 624-6466.

If you believe your privacy rights has been violated, you can file a complaint with the Privacy and Safety Officer at the above address, or with the Secretary of Health and Human Services, Washington, D.C.

There will be no retaliation for filing a complaint.

1528 Elm Street • Manchester, New Hampshire 03101 • (603) 624-6466
Administrative Fax: (603) 624-6584 • Community Health Fax: (603) 665-6894
Environmental Health & School Health Fax: (603) 628-6004
E-mail: health@manchesternh.gov • Website: www.manchesternh.gov/health