CENTRAL DISTRICT HEALTH

707 North Armstrong Place
Boise, Id 83704
TEL. (208) 327-7400
FAX (208) 327-8580

Dear Parents/Guardian:

Central District Health (CDH) is helping to protect students against the seasonal flu. This year the flu vaccine is more important than ever with COVID-19 circulating. With an aim to keep children as healthy as possible and sick days to a minimum, CDH will be offering a pop-up flu clinic at a school near you this fall. The best way to protect your child against the flu is through vaccination. CDH will be offering the injectable flu vaccine.

What is my cost? There is no cost for the flu vaccine; however, there is an administration fee. CDH will bill your insurance/Medicaid for the administration fee. If you do not have insurance or your insurance does not fully cover the cost, CDH will cover the remaining cost. There will be no out-of-pocket cost. A copy of CDH's financial and privacy practices can be found on our website at: https://www.cdhd.idaho.gov/hl-immunizations-beforeyourappointment.php or can be obtained at the pop up clinic.

Vaccination Clinic Details: **November 9, 2020 at Glenns Ferry Schools from 3:00pm to 6:00pm**

If you would like your child to receive a flu vaccine at the pop up clinic, please complete the consent form.

1. Complete, sign and date the Immunization Client Information/Consent Form. The form is fillable and can be completed online and printed for signature. Please fill these out prior to the clinic, if you are unable to fill the form out prior to the clinic forms will be provided at the clinic
2. If you have an insurance card please provide a copy of the front and back, or bring your insurance card to the clinic so we can make a copy
3. COVID-19 prevention measures will be in place, including physical distancing and masks required for all. Please only bring those children who will be vaccinated, this helps reduce the risk of COVID-19 transmission.

The following information is included in this letter:

1. Client Information/Consent Form
2. Influenza Vaccine Information Statements

If the date or location does not work for you, you are more than welcome to bring your child to another location in your district or to one of the two Saturday clinics at our office. The clinics held at our office will be on October 3 and November 7 from 10 am to 2 pm. If you have any questions regarding this pop-up flu vaccination program or eligibility, **please direct calls to Central District Health at 327-7400.** We are pleased to offer this convenient service. However, this vaccination clinic should not take the place of your child's usual visit with your primary care provider or pediatrician.

Sincerely,

Alisha Muñoz, RN

Alisha Munoz
Registered Nurse Senior

Remember to:

- Complete your form prior to the clinic
- If you have insurance bring your insurance card or a copy (front and back)
- Remain six feet from others outside those in your household
- Wear a mask
- Be prepared for possible wait times

CENTRAL DISTRICT HEALTH

CLIENT INFORMATION FORM - SCHOOLS

PATIENT INFORMATION

Patient #: _____

Name (Last): _____ First: _____ Middle: _____

Gender: ☐ Female ☐ Male Date of Birth: ____/____/____ Age: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Race: ☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Other: _____

Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Unknown

PARENT/GUARDIAN INFORMATION

☐ Mother ☐ Father ☐ Other: _____

Name (First): _____ Middle: _____ Last: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

INSURANCE

☐ None

Primary Medical Insurance:	Secondary Medical Insurance:
Insurance Company Name:	Insurance Company Name:
Policy Holder Name:	Policy Holder Name:
Policy Holder's Date of Birth:	Policy Holder's Date of Birth:
Policy #:	Policy #:
Group #:	Group #:

HEALTH HISTORY

1. Is the person being vaccinated sick today?	☐ Yes	☐ No	☐ Not Sure
2. Has the person to be vaccinated ever had a serious reaction to the influenza vaccine in the past?	☐ Yes	☐ No	☐ Not Sure
3. Has the person to be vaccinated ever had Guillain-Barre syndrome (a type of temporary, severe muscle weakness), seizures or neurological disorders?	☐ Yes	☐ No	☐ Not Sure
4. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	☐ Yes	☐ No	☐ Not Sure

PLEASE READ THE FOLLOWING AND INITIAL BOXES

☐ I acknowledge that I was given an opportunity to read/obtain the CDH Notice of Privacy Practices and Financial Policy which can be found at: https://www.cdh.idaho.gov/hl-immunizations-beforeyourappointment.php

☐ Participation in and withdrawal from Idaho's Immunization Reminder Information System (IRIS) is voluntary. Call Idaho Immunization Program at 208-334-5931 to opt-out or withdraw. If you do not opt-out of IRIS in writing, your child's immunization records will be stored in the registry.

☐ I give consent for my child to receive the influenza vaccine from Central District Health.

Parent/Guardian Signature: _____ **Date:** _____ **Nurse:** _____

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.

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

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**