ANOVER HEALTH DIVISION

COMMUNITY FAMILY FLU CLINIC
2019

Thursday, November 14th – CENTER AT PUNCHARD
(Andover Senior Center)
4:00 P.M. – 7:00 P.M.
2 years of age and older

Please complete the form 2019 – 2020 Insurance Information and Consent Form.

Your Health Insurance Number is being requested for reimbursement purposes.

If you are covered by Medicare, please provide your new Medicare number.

If you are covered by more than one plan, please list them all.

Not all insurances have both a member and group ID. Complete the form according to your health plan.

Bring your healthcare insurance cards (or a photocopy if possible) with you to the clinic.

There is no out of pocket charge regardless of your health care coverage.

The November 14th clinic is for all residents aged 2 years of age and older.

Fluzone High Dose flu vaccine - for persons aged 65 and older - will be available

**Flumist nasal spray will be available this year for ages 2 - 18.**

We ask that participants do not arrive more than a half hour before the clinic is scheduled to begin to allow for adequate set up time.

Questions???

Call: (978) 623-8640
Monday - Friday 7:30 A.M. - 3:30 P.M.
Email: health@andoverma.gov
Website: www.andoverma.gov/health

This environment is NOT latex free
The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible.

Information about the person to receive vaccine Please Print Legibly – Do Not Use Nicknames *Required Fields

<table>
<thead>
<tr>
<th>Name: (Last, First, MI)*</th>
<th>Date of birth: *</th>
<th>Age*</th>
<th>Sex: (Circle)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month Day Year</td>
<td></td>
<td>Male Female</td>
</tr>
</tbody>
</table>

Street Address: *

City:* State: * Zip:* Phone:* 

Insurance Information: Include the whole member ID number and any letters that are part of that number

<table>
<thead>
<tr>
<th>Name of Insurance Company:*</th>
<th>Member ID Number:*</th>
<th>Group ID # (if available):</th>
</tr>
</thead>
</table>

Medicare Number (if applicable): Is Medicare Primary? Yes No
Is Subscriber Retired? Yes No

If person getting vaccinated is not the subscriber, please complete the following:

<table>
<thead>
<tr>
<th>Subscriber’s Name: (Last, First, MI)*</th>
<th>Subscriber’s Date of Birth: *</th>
<th>Sex: (Circle)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month Day Year</td>
<td>Male Female</td>
</tr>
</tbody>
</table>

Subscriber’s Street Address:* (If different from address above)

City:* State:* Zip:* Phone:* 

Patient Relationship to Subscriber: (Circle)* Spouse Child Other

I give permission to receive vaccine and for my insurance company to be billed. 

X ____________________________________________________________________ Date: ________________

(Signature of patient, parent or legal guardian)

For children 18 years of age and younger:

___ Is enrolled in Medicaid (Includes MassHealth and HMOs etc. if enrolled through Medicaid)
___ Does not have health insurance
___ Is American Indian (Native American) or Alaska Native
___ Has health insurance and is not Native American or Alaska Native

For Clinic/Office Use Only: Signature of Vaccine Administrator: ________________________________

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Vax Type</th>
<th>Vaccine Mfg</th>
<th>Lot No</th>
<th>Exp Date</th>
<th>Dose (mL)</th>
<th>State Supplied (Circle)</th>
<th>Preserv Free</th>
<th>Injection Route (Circle)</th>
<th>Injection Site (Circle)</th>
<th>Date On VIS</th>
<th>Date VIS Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIV4</td>
<td>Sanofi</td>
<td></td>
<td></td>
<td>0.5</td>
<td>Yes No</td>
<td>No</td>
<td>IM</td>
<td>R Arm L Arm</td>
<td></td>
<td>8/15/19</td>
<td>8/15/19</td>
</tr>
<tr>
<td>Flulaval</td>
<td>GSK</td>
<td></td>
<td></td>
<td>0.5</td>
<td>Yes Yes</td>
<td>Yes</td>
<td>IM</td>
<td>R Arm L Arm</td>
<td></td>
<td>8/15/19</td>
<td>8/15/19</td>
</tr>
<tr>
<td>High Dose</td>
<td>Sanofi</td>
<td></td>
<td></td>
<td>0.5</td>
<td>No Yes</td>
<td>Yes</td>
<td>IM</td>
<td>R Arm L Arm</td>
<td></td>
<td>8/15/19</td>
<td>8/15/19</td>
</tr>
<tr>
<td>LAIV4</td>
<td>AstraZeneca</td>
<td></td>
<td></td>
<td>0.2</td>
<td>Yes Yes</td>
<td>Intranasal</td>
<td>N/A</td>
<td></td>
<td></td>
<td>8/15/19</td>
<td>8/15/19</td>
</tr>
<tr>
<td>PCV13</td>
<td>Pfizer</td>
<td></td>
<td></td>
<td>0.5</td>
<td>No Yes</td>
<td>Yes</td>
<td>IM</td>
<td>R Arm L Arm</td>
<td></td>
<td>11/5/15</td>
<td>4/24/15</td>
</tr>
<tr>
<td>PPV23</td>
<td>Merck</td>
<td></td>
<td></td>
<td>0.5</td>
<td>Yes No</td>
<td>Yes</td>
<td>IM SC</td>
<td>R Arm L Arm</td>
<td></td>
<td>8/15/19</td>
<td>8/15/19</td>
</tr>
</tbody>
</table>

Provider and Address: Andover Health Dept., 36 Bartlet Street, Andover MA 01810  MDPH Pin: 10049
VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

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](http://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](http://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](http://www.cdc.gov/flu)
Screening Form for Nasal Spray Flu Vaccine 2019

Child’s Name (print) ____________________________  Age: __________

Allergies ____________________________

Answering these questions will help us to know which type of flu vaccine your child should get and whether your child should get 1 or 2 doses of flu vaccine.

Section 1: Information to determine if your child should receive 1 or 2 doses of flu vaccine

Children under 9 years who are receiving flu vaccine for the first time or who have had a total of only one dose in all previous years, need two doses separated by at least 4 weeks. Please consult your pediatrician.

1. Is your child 8 years old or younger?  □ Yes  □ No  If NO, go to Section 2.

2. Has your child received 2 or more doses of flu vaccine prior to July 1, 2019  □ Yes  □ No  If YES go to section 2

3. Has your child received any flu vaccine this flu season (since July 1, 2019)?  □ Yes  □ No  If NO, go to section 2
   If yes to #3: How many doses did your child receive? _____  Date(s) received: ______________________

Section 2: Information to determine if your child can receive the 2019-2020 Nasal Spray Flu Vaccine.  Please check YES or NO for each question.

There are 2 kinds of flu vaccine available. Your answers to the following questions will help us decide if your child is able to receive the nasal spray (live) vaccine. If your child cannot get the nasal spray, he/she will have to be given the flu shot.

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your child received any vaccine (not just flu) within the past 30 days?  Vaccine: ____________________________ Date given: ____________________________ Date(s) received: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does your child have asthma, diabetes (or other type of metabolic disease), or disease of the lungs (other than asthma), heart, kidneys, liver, nerves, or blood?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does your child take aspirin or aspirin-containing medicine every day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is your child receiving antiviral medications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does your child have a weak immune system (from HIV, cancer, or medicines such as steroids or those used to treat cancer)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is your child pregnant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has your child had an allergic reaction to a previous dose of flu vaccine or has any severe life-threatening allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Has your child had Guillain-Barre Syndrome within 6 weeks of a previous dose of flu vaccine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form completed by:
Signature of parent or legal guardian ____________________________________________
Date: ____________________________
Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

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 Live, attenuated 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.

Live, attenuated influenza vaccine (called LAIV) is a nasal spray vaccine that may be given to non-pregnant people 2 through 49 years of age.

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:

- Is younger than 2 years or older than 49 years of age.
- Is pregnant.
- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies.
- Is a child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin-containing products.
- Has a weakened immune system.
- Is a child 2 through 4 years old who has asthma or a history of wheezing in the past 12 months.
- Has taken influenza antiviral medication in the previous 48 hours.
- Cares for severely immunocompromised persons who require a protected environment.
- Is 5 years or older and has asthma.
- Has other underlying medical conditions that can put people at higher risk of serious flu complications (such as lung disease, heart disease, kidney disease, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders).
- Has had Guillain-Barré Syndrome within 6 weeks after a previous dose of influenza vaccine.
In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

For some patients, a different type of influenza vaccine (inactivated or recombinant influenza vaccine) might be more appropriate than live, attenuated influenza vaccine.

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

- Runny nose or nasal congestion, wheezing and headache can happen after LAIV.
- Vomiting, muscle aches, fever, sore throat and cough are other possible side effects.

If these problems occur, they usually begin soon after vaccination and are mild and short-lived.

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.

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**Vaccine Information Statement (Interim)**

**Live Attenuated Influenza Vaccine**

8/15/2019 | 42 U.S.C. § 300aa-26