



To the parents/guardians of our day students:

Sept. 22, 2020

This is to gauge interest in arranging an influenza vaccine clinic at Foxcroft Academy for this fall. If there is enough interest to warrant it, I am happy to arrange to do one for each cohort group, and will be meeting current safety standards for COVID-19.

I would hope to get the clinic arranged for mid-October as the CDC is recommending we give influenza vaccine earlier this year. Of course, as always, this is strictly voluntary, and there is no cost involved to you. If you are interested in having your student vaccinated for influenza, please complete the consent form that is included and return it to me at the school by October 5th as it takes a couple of weeks to order and receive the vaccine from the State. I only administer the inactivated quadrivalent form of influenza vaccine at school- this is the one given by injection.

If you have questions about the flu and the vaccine go to www.maine-flu.gov. or www.cdc.gov/flu. You may also email me at jgilbert@foxcroftacademy.org if you have questions/concerns about your student receiving this vaccine. Thank you for your time.

Sincerely,

Judy Gilbert RN
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INFLUENZA VACCINE 2020 - 2021 HEALTH SCREEN & PERMISSION FORM

NPI: 1427358647-001

School Name:
Foxcroft Academy

| | | | | |
|-----------------|-------------------|-----------------------------|-----------|--|
| Full Name: | | Date of Birth: / / | Age: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Street Address: | | Town/City: | Zip Code: | Daytime Phone: |
| Grade: | Homeroom Teacher: | (Please circle your cohort) | | Cohort: Pride or Cohort: Pony |

Is this person an American Indian or an Alaskan Native? yes no

Is this person uninsured? yes no

Is this person insured by MaineCare (Medicaid)? yes no

MaineCare ID #: _____

Private Insurance? yes no

Name of Insurance Company: _____

ID Number: _____ Group Number: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

Doctor's Name: _____ Phone Number: _____

Please answer the following questions about the person named above. Comments may be written on the back of this form.

| | YES | NO |
|---|-----|----|
| 1) Does this person have a severe (life-threatening) allergy to eggs? | | |
| 2) Has this person ever had a severe reaction to an influenza immunization in the past? | | |
| 3) Has this person ever had Guillain-Barre Syndrome? | | |

If you answered "yes" to any questions 1-3, please see your healthcare provider for influenza vaccination

PERMISSION TO VACCINATE

- > I was given a copy of the Influenza (Flu) Vaccine Information Statement, I have read this or had this explained to me and I understand the benefits and risks of the Influenza vaccine.
- > I give permission for a record of this vaccination to be entered into the ImmPact Registry.
- > I give permission for information to be used to bill MaineCare or private insurance for the cost of providing the vaccine
- > I give my consent for this person to receive the most appropriate vaccine, as determined by the health care clinic staff.
- > I give permission for the flu vaccine to be given to the person named above by signing below.

X _____ Date: _____
Signature of parent or guardian if person to be vaccinated is a minor or Signature of adult to be vaccinated

Printed Name of Parent or Guardian: _____

FOR OFFICE USE ONLY:

| Date Dose Administered | Vaccine Manufacturer | Lot Number | Dose Volume | Signature and Title of Vaccinator | Body Site | Route | VIS date |
|------------------------|----------------------|------------|-------------|-----------------------------------|-----------|---|----------------------------------|
| / / | | | | | | <input type="checkbox"/> IM single dose <input type="checkbox"/> IM multi vial | 8/15/19 State Supplied Y N |

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

