

Flu Immunization 2008-2009

(800) 822-7298 or (734) 477-7298



Vaccine Code: 90658/90655 Tax ID: 38-6006309

Admin Code: G0008/90471: V04.81

Vaccination Fee: \$41.00

To Be Completed by ALL PATIENTS

Please provide your UM CPI Number: _____

LEGAL Name: Last: _____ First: _____ MI: _____ Weight: _____ lbs

Date of Birth: ____/____/____ Age: ____ Sex: Male / Female Phone Number: (____) ____-____

Address: _____ City: _____ State: _____ Zip Code: _____

PLEASE CHOOSE A PAYMENT METHOD

INSURANCE

MEDICARE PART B HAP BCN PRIORITY HEALTH

Insurance GROUP number: _____

Insurance ID number: _____

NAME OF PRIMARY INSURANCE HOLDER

SAME AS ABOVE – If different please enter name below.

Last: _____ First: _____ MI: _____

ADDRESS: SAME AS ABOVE – If different please enter address below.

Street Address: _____

City: _____ State: _____ Zip Code: _____

PRIVATE PAY

Prompt Pay Fee: _____

- Cash
- Check# _____
- Credit Card
- MVC Voucher
- Employer
- UMHS Emp
- Other

– OR –

Please see your doctor or health care provider regarding a flu shot if you have any of the following allergies or conditions:

Allergies: allergic to eggs or egg products, allergic to thimerosal (preservative), allergic to Benadryl or epinephrine Conditions: are running a fever of 101.5°F, had Guillain-Barré Syndrome

Please circle your answer on the right side of the page.

- | | | |
|--|----|-----|
| 1. Are you sick today or are you running a temperature of 101.5° F or over? | No | Yes |
| 2. Are you allergic to eggs or egg products? | No | Yes |
| 3. Are you allergic to LATEX? | No | Yes |
| 4. Are you allergic to thimerosal or merthiolate (in some prescription eye/ear drops, topical medicines and vaccines)? | No | Yes |
| 5. Have you ever been diagnosed with Guillain-Barre Syndrome? | No | Yes |
| 6. Are you allergic to Benadryl or epinephrine? | No | Yes |
| 7. Did you begin taking an antibiotic yesterday or today? | No | Yes |
| 8. Do you take Coumadin or warfarin? | No | Yes |
| 9. Have you had another immunization in the last 14 days? | No | Yes |
| 10. Have you ever had a reaction to a flu shot (sore arm, shortness of breath, etc.)? | No | Yes |
| 11. Have you ever had a severe allergic reaction to anything (taken medication/gone to hospital)? | No | Yes |
| 12. Have you had a flu shot in the last three years? | No | Yes |
| 13. Have you ever been seen by any University of Michigan physician (including in the ER)? | No | Yes |

PATIENT CONSENT

I have read the information sheet about influenza (the flu) and influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. The information I have provided above is correct and true to the best of my knowledge. I understand the benefits and risks of influenza vaccination and request that the vaccine be given to me or to the person listed below for whom I am authorized to make this request.

I understand that MVC can only bill certain insurances and that if I have an insurance MVC cannot bill, I am required to make payment to MVC at the time that services are provided. MVC will provide me with a receipt that contains information necessary to submit a claim to my insurance company in order to seek reimbursement directly. It is my responsibility to work with my insurance company to resolve any issues related to reimbursement. I understand that MVC cannot guarantee insurance reimbursement and that if my insurance company provides reimbursement it may only reimburse a portion of what I've paid today.

Signature of person to receive vaccine. _____ Date _____

Signature of person authorized for patient listed above (if under 18 yrs of age or physically unable) _____

I have been provided with a copy of the Notice of Privacy Practice.

To Be Completed by MVC CLINIC STAFF

These questions determine how you are receiving your **Medicare benefits**

- | | | |
|---|-----|----|
| 1. Are you over the age of 65? If NO, skip to question 4..... | Yes | No |
| 2. Are you covered by another Health Plan or HMO other than Medicare. IF so, does Medicare pay first?..... | Yes | No |
| 3. Do you have Medicare due to a Non-Work Related Accident/Condition, Black Lung (BL) Benefits, End Stage Renal Disease (ESRD), or coverage other than traditional Medicare?..... | Yes | No |
| 4. Are you a Disabled Medicare Beneficiary under the age of 65?..... | Yes | No |
| 5. Do you have Medicare due to a Work Related Accident/Condition (WC plan, DVA or Federal BL Pgm)?..... | Yes | No |
| 6. Have you selected a Medicare Advantage Plan that replaces your Medicare Part B benefits?..... | Yes | No |

Medicare is the PRIMARY insurance. Secondary insurance is: _____

Immunization site: IM Deltoid Thigh **Manufacturer:** Sanofi Pasteur Sanofi P-free Other _____
 Left Right **Lot Number:** _____ **Nurse:** _____

Temperature Not Approved Referred VNA Patient VC Patient VNA/VIC family

INACTIVATED INFLUENZA VACCINE: WHAT YOU NEED TO KNOW 2008-09

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.200

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.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

· fever · sore throat · chills · fatigue · cough · headache · muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever, diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly.

Influenza vaccine can prevent influenza.

2 Inactivated influenza vaccine.

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, or the “flu shot” is given by injection into the muscle. 2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza- related illness. But even when the there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent “influenza-like” illnesses caused by other viruses.

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

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

3 Who should get inactivated influenza vaccine?

All children 6 months and older and all older adults:

- **All children** from 6 months through 18 years of age.
- Anyone **50 years of age or older**.

Anyone who is at risk of complications from influenza, or more likely to require medical care:

- Women who will be **pregnant** during influenza season.
- Anyone with **long-term health problems** with:
 - heart disease - kidney disease - liver disease
 - lung disease - metabolic disease, such as diabetes
 - asthma - anemia, and other blood disorders
- Anyone with a **weakened immune system** due to:
 - HIV/AIDS or other diseases affecting the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on **long-term aspirin treatment** (they could develop Reye Syndrome if they got influenza).
- **Residents of nursing homes and other chronic-care facilities.**

Anyone who lives with or cares for people at high risk for influenza-related complications:

- **Health care providers.**
- **Household contacts and caregivers of children** from birth up to 5 years of age.
- **Household contacts and caregivers** of
 - people 50 years and older, or
 - anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide **essential community services.**
- People living in **dormitories, correctional facilities,** or under other **crowded conditions,** to prevent outbreaks.
- People at high risk of influenza complications who **travel** to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

Influenza vaccine is also recommended for anyone who wants to **reduce the likelihood of becoming ill** with influenza or **spreading influenza to others**.

4 When should I get influenza vaccine?

Plan to get influenza vaccine in October or November if you can. But getting

vaccinated in December, or even later, will still be beneficial in most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February.

Most people need one dose of influenza vaccine each year. **Children younger than 9 years of age getting influenza vaccine for the first time** – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

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

5 Some people should talk with a doctor before getting influenza vaccine.

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
 - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
 - A severe allergy to any vaccine component is also a reason to not get the vaccine.
 - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barre´ Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- 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 or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

6 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 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
- fever
- aches

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

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 influenza (swine flu) vaccine was associated with Guillain-Barre´ 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.

7 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 serious 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** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

9 How can I learn more?

- Ask your immunization provider. 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 (C.D.C.):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit C.D.C.’s website at www.cdc.gov/flu.



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

Vaccine Information Statement

Inactivated Influenza Vaccine (7/24/08)

42 U.S.C. §300aa-26

To allow medical care providers(s) accurate immunization status information, an immunization assessment, and a recommended schedule for future immunizations, information will be sent to the Michigan Care Improvement Registry. Individuals have the right to request that their medical care provider not forward immunization information to the Registry.