

Pneumonia Immunization 2008-2009

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



Vaccine Code: 90732 Tax ID: 38-6006309
Admin Code: G0009/ 90471 ICD-9: V03.82
Vaccination Fee: \$84.00

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 see your doctor or health care clinic regarding a pneumonia shot if you have any of the following:

Conditions: are or may be pregnant, are a nursing mother, running a fever of 101.5°F, or currently receiving chemotherapy or radiation

Allergies: allergic to phenol (preservative), allergic to Benadryl or epinephrine

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 LATEX? | No | Yes |
| 3. Are you allergic to phenol? | No | Yes |
| 4. Are you allergic to Benadryl or epinephrine? | No | Yes |
| 5. Have you had a cold or other respiratory infection in the last week? | No | Yes |
| 6. Did you begin taking an antibiotic yesterday or today? | No | Yes |
| 7. Are you currently receiving immunosuppressive therapy (chemotherapy or radiation)? | No | Yes |
| 8. Are you or could you be pregnant, or are you a nursing mother? | No | Yes |
| 9. Have you had another immunization in the last 14 days? | No | Yes |
| 10. Have you ever had a reaction to any 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 pneumonia shot in the last 6 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 pneumonia and pneumonia 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 pneumonia 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

Immunization site: IM Deltoid Left Right Temperature Not Approved Referred

Manufacturer: Merck Lot Number: _____ Nurse: _____

VNA Patient VC Patient VNA/VIC family

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

- | | | |
|---|-----|----|
| 1. Are you over the age of 65? <i>If NO, skip to question 4</i> | 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 |

Cash, Check, Credit Card, Medicare part B, BCN, HAP or Priority Health required. MVC does NOT bill other insurances. Patients may seek reimbursement from their insurance company. MVC does NOT guarantee reimbursement.

Medicare is the PRIMARY insurance. Secondary insurance is: _____

Medicare number and letter(s) are: _____ ABN? Y N

BCN HAP Priority Health

Insurance GROUP number: _____

Insurance ID number: _____

Credit Card and UM Student Account payments must be completed on separate credit card authorization form

Fee Paid: _____

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

PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined.

Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis.

People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating, these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - lymphoma, leukemia
 - Hodgkin's disease
 - kidney failure
 - nephrotic syndrome
 - damaged spleen, or no spleen
 - organ transplant
 - multiple myeloma
 - HIV infection or AIDS
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - radiation therapy
 - certain cancer drugs
- Alaskan Natives and certain Native American populations.

4 How many doses of PPV are needed?

Usually one dose of PPV is all that is needed. However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease
 - have HIV infection or AIDS
 - have cancer, leukemia, lymphoma, multiple myeloma

- have kidney failure
- have nephrotic syndrome
- have had an organ or bone marrow transplant
- are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5 Other facts about getting the vaccine

- * Otherwise healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- * PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- * Pregnancy: The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

6 What are the risks from PPV?

PPV is a very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given. Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7 What if there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock)

What should I do?

- Call a doctor, or get 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 file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

8 How can I learn more?

- Ask your doctor or nurse. 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 (CDC):
 - Call **1-800-232-2522** (English)
 - OR
 - Call **1-800-232-0233** (Spanish)
 - OR
 - Visit the CDC National Immunization Program website at <http://www.cdc.gov/nip>



AUTH: P.H.S., Act 42, Sect. 2126.
DCH-0468



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Pneumococcal (7/29/97) Vaccine Information Statement

To allow medical care provider(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.