



2011-2012 INFLUENZA VACCINE ADMINISTRATION RECORD

INFORMATION ABOUT THE PERSON TO RECEIVE VACCINE (PLEASE PRINT)			
Name LAST:	FIRST:	MIDDLE INITIAL:	
Address:	City:	State:	Zip Code:
Date of Birth (month, day and year):	Age:	M / F	Phone:
Allergies:			
Chronic Medical Conditions:			
Physician's Name:		Physician's Address:	

FOR MEDICARE RECIPIENTS: I attest Medicare Part B is my PRIMARY medical coverage. I authorize the release of any medical or other information necessary to process this claim and request payment of government benefits either to myself or to the party who accepts assignment. If you have only Medicare Part A or are enrolled in a non-traditional Medicare plan, we cannot bill your insurance. You may contact your physician for a flu shot or you may pay for your flu shot and seek reimbursement from your insurance provider.

PAYMENT OPTIONS:

CASH CHECK CREDIT CARD

THIRD PARTY: Policy # _____ Group # _____ Person Code ____ Relationship ____

MEDICARE PART B: Medicare # _____ (Enter information exactly as it appears on your card, including letters)

NOTE: Your name at the top of this form MUST be the same as it is listed with your Medicare provider and as it appears on your Medicare Card.

SCREENING QUESTIONNAIRE FOR ADULT INFLUENZA IMMUNIZATION: The following questions will help us determine if there is a reason we should not administer the influenza vaccine today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your pharmacist to explain it.

Yes No Don't Know

1. Is the person to be vaccinated sick today?
2. Does the person to be vaccinated have an allergy to eggs, latex or any component of the vaccine?
3. Has the person to be vaccinated ever had a serious reaction to an influenza vaccine in the past?
4. Has the person to be vaccinated ever had Guillain-Barre Syndrome?
5. I request that the pharmacist send a copy of my vaccine document to my primary care provider.

It is important to have a personal record of vaccinations. If a record card is needed, the pharmacist can provide one. This card should be given to all healthcare providers whenever medical care is sought so that a record of all immunizations may be reviewed and updated.

I have read or had had explained to me the Vaccine Information Statement (VIS) regarding the influenza vaccine. I have had the opportunity to ask questions that were answered to my satisfaction and understand the benefits and risks of the vaccine. I consent to, or give consent for, the administration of the vaccine. I fully release and fully discharge Chief Super Market, Inc., it affiliates, officers, directors and employees from any liability or illness, injury, loss or damage which may result from the administration of the vaccine.

Patient Signature _____

Date _____

Pharmacist Signature _____

Date _____

PHARMACY USE ONLY

CLINIC SITE: Rays Market: 890 S. Cable Road, Lima, OH 45805 Rays Marketplace: 2100 Harding Highway, Lima, OH 45804 Rays Clocktower Plaza: 927 N. Cable Road, Lima, OH 45805 Rays Northland: 120 W Northern Avenue, Lima, OH 45801 Chief Market Square: 705 Deatrick Street, Defiance, OH 43512 Chief Supermarket: 1102 Elida Road, Delphos, OH 45833 Other location:	
DATE VACCINE ADMINISTERED:	VIS Edition Date: JUL 26, 2011
VACCINE NAME: Flulaval	VACCINE MANUFATURER: GlaxoSmithKline
VACCINE LOT NUMBER: AFLLA668AA	VACCINE EXPIRATION DATE: MAY 2012
DOSE and ROUTE: 0.5 mL. IM	SITE OF ADMINISTRATION: Left Deltoid Right Deltoid
NEEDLE GAUGE / LENGTH: 25G 1 inch 25G 5/8 inch Other	OTHER MEDICATIONS ADMINISTERED (e.g., epinephrine):
SIGNATURE OF VACCINE ADMINISTRATOR (Administering pharmacist OR pharmacy intern & supervising pharmacist)	Pharmacist: _____ Pharmacy Intern: _____

RECOMMENDATION: Monitor the patient in the general vicinity for at least **10 minutes** after administering the vaccine.

PHYSICIAN'S NAME _____ **PHYSICIAN'S FAX NUMBER** _____

Dear Doctor: This patient was vaccinated with the influenza vaccine at our pharmacy. Please retain this information for your records.



The information transmitted in this FAX contains confidential patient information and is legally protected under HIPPA legislation. Any retransmission, dissemination or other use of this information by persons other than the intended recipient is prohibited. If this information was received in error, please immediately call the pharmacy listed above and return the faxed document to us at that address.

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2011-12

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 (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, the “flu shot,” is given by injection with a needle.

2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A “high-dose” inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

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

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

3 Who should get inactivated influenza vaccine and when?

WHO

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

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

4 Some people should not get inactivated influenza vaccine or should wait

- Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.
- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barré

Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

- 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 about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

5 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 inactivated 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
- hoarseness; sore, red or itchy eyes; cough
- fever • aches • headache • itching • fatigue

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

Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

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 inactivated influenza (swine flu) vaccine was associated with Guillain-Barré 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.

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.

The safety of vaccines is always being monitored. For more information, visit:

www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html and
www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

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

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382**, or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor. 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 **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/flu



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



Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine (7/26/11) 42 U.S.C. §300aa-26