



Health Department
303 W. Chapel St. /Suite 2200/Dodgeville, WI 53533
Phone: (608) 930-9870/Fax: (608) 937-0501

Fall 2019

Dear Parent/Guardian:

The Iowa County Health Department is working with your school district to provide influenza (flu) vaccine to your school this fall. Flu shots are available for school-age children 4 -18 years old. Funding for the school based flu clinic is provided by the Wisconsin Emergency Preparedness Program and the Wisconsin Immunization Program as part of a mass immunization exercise.

- Flu vaccine is **FREE** for all students, no insurance information is needed
- Flu vaccine will be injectable only

If you would like to have your child vaccinated at school, please do the following:

1. **Read** the Vaccine Information Statement (VIS) regarding the influenza (flu) vaccine
2. **Complete** the Vaccine Administration Record Consent Form.
3. **Return** the Consent Form to the school by MONDAY OCTOBER 28, 2019

There is no need to return the form if you do not want to participate in the flu clinic.

Sincerely,

Sue Matye RN, BSN

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*• ELEMENTARY STUDENTS:
TURN FORM IN TO YOUR TEACHER*

*• MS/HS STUDENTS:
HOLD YOUR FORM UNTIL
OCTOBER 29TH - FLU SHOT
TIME*

Iowa County Health Department

*****Return this form only if your child will be receiving the Flu Shot at school.**

Information collected on this form will be used to document permission for your child to receive the seasonal influenza (flu) vaccine at your child's school. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your child's care.

SCHOOL: _____

Student's Name (Last, First, Middle initial)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student's Birthdate Month _____ Day _____ Year _____	Student's Age _____	School Grade _____	Parent/Guardian Daytime Phone Number (_____) _____
Home Address P.O. Box _____	City _____	County _____	State _____ Zip Code _____
Parent/Guardian's Name _____		Okay to share immunization data with the Wisconsin Immunization Registry (WIR) ? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please answer the following questions (circle Yes or No):

1. Does your child have a serious allergy to eggs?	YES	NO
2. Does your child have any other serious allergies? Please list: _____	YES	NO
3. Has your child ever had a serious reaction or allergic response to past flu vaccinations?	YES	NO
4. Has your child ever had Guillian Barré syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	YES	NO

**If you answered YES to any of the above questions, please contact your doctor for the flu vaccination.*

CONSENT FOR CHILD'S VACCINATION:

I have read, or have had explained to me, the Vaccine Information Statement for seasonal influenza (flu) vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine be given to the student named above for whom I am authorized to make this request.

Parent/Guardian Signature: _____

Date: _____

FOR OFFICE USE

VIS date: 08/15/2019

Route = IM

Body site (circle one) = RD or LD / RV or LV

Manufacturer: _____

Lot No. _____

Date vaccine administered: _____

Signature and title of person administering vaccine: _____

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

Vaccine Information Statement (Interim)
**Inactivated Influenza
Vaccine**



Office use only