

Shingles Vaccine Information AND Registration Form 2017

IMPORTANT information below –PLEASE REVIEW and RESPOND IMMEDIATELY IF YOU WANT THE SHINGLES VACCINE.

We have scheduled your on-site vaccine clinic with your district. If you wish to receive a Shingles Vaccine your vaccine will be purchased only after you have preregistered to receive the vaccine. **REGISTRATION DEADLINE** **Minimum 2 weeks before your scheduled clinic.** EMAIL dspayson@diversified--solutions.com (note there are 2 dashes between diversified and solutions) completed form or fax to (928) 472-4364. Once your eligibility is confirmed you will be sent an email and placed on a list for the vaccine. **You must bring your email confirmation to the clinic.** Supplies are limited and registration does not guarantee vaccine availability.

The physician supervising the administration of this clinic would like you to review the health risks associated with this shot to be sure you are eligible to receive the vaccine. **IF YOU HAVE ANY QUESTIONS WHETHER YOU SHOULD OR SHOULD NOT TAKE THE VACCINE CONTACT YOUR PHYSICIAN.**

Due to the high cost of the vaccine (it costs between \$200-\$300), we would like you to review the requirements below and contact us at dspayson@diversified--solutions.com if you are unable to take the vaccine once you have been approved.

ATTENTION SHINGLES VACCINE CLINIC PARTICIPANTS:

As your Shingles Prevention Clinic approaches, we would like to make you aware of a few things regarding the Shingles Shots and issues which mean that you **CANNOT** receive the vaccine:

1. History of anaphylactic reaction to gelatin, neomycin or other component of the vaccine (this may include trace quantities of bovine calf serum)
2. History of primary or acquired immunodeficiency states including leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system. "With a Doctor's order, those whose leukemia is in remission and who have not received chemotherapy or radiation for at least 3 months can receive zoster vaccine."
3. On immunosuppressive therapy, including **high-dose** corticosteroids. If long-term High-dose therapy has concluded, one month or more must have passed prior to receiving Zoster vaccine. (Short-term or low dose corticosteroid therapy of less than 14 days of a low-to-moderate dose (<20 mg/day of prednisone or equivalent) is acceptable for receiving the Shingles vaccine).
4. Active untreated TB
5. Women who are or may become pregnant. Pregnancy should be avoided for 3 months following vaccination.
6. Persons taking chronic antiviral medications such as acyclovir, famciclovir or valacyclovir should discontinue medications for at least 24 hours before receiving the zoster vaccine. These medications should not be used for at least 14 days after vaccination.
7. **AGAIN, PLEASE CONTACT US IMMEDIATELY AT dspayson@diversified--solutions.com IF YOU HAVE REGISTERED AND THEN FIND YOU ARE UNABLE TO TAKE THE VACCINE**

Shingles Vaccine Registration Form

Please review the previous Shingles Vaccine Information Sheet before registering for the vaccine

In order to receive the zero out-of-pocket cost Shingles vaccine for eligible employees, you must have reviewed the [Shingles Vaccine Information sheet](#) and complete the following registration form before the registration deadline **(2 weeks before your scheduled clinic – see your school’s flier)**. **You may either fax this form or email it to: Fax 928-472-4364 or email dspayson@diversified--solutions.com** All insurance is verified before a vaccine is ordered so ALL information must be completed. If this is for a spouse on your plan be sure to list the name, age and DOB for them.

IF YOU PREVIOUSLY RECEIVED A SHINGLES VACCINE YOU **DO NOT** NEED ANOTHER ONE:

THIS IS ONLY FOR THOSE HAVING MERITAIN OR BLUE CROSS BLUE SHIELD INSURANCE OR CASH. NO OTHER INSURANCE INCLUDING MEDICARE IS COVERED. Cash Price is \$285.00

This is only to purchase and reserve a Shingles vaccine for you.

Name: _____

Age: _____

DOB: _____

School District: _____

School where you **would like to receive the vaccine:** _____

Email address where you would like to receive your verification _____

Insurance:(BCBS Meritain/ASBAIT Only) _____

Group ID: _____

Insurance ID: _____

Spouse (if wants to receive & covered by BCBS or Meritain/ABAit):

Name: _____

Age: _____

DOB: _____

Insurance information if different from yours: _____

This vaccine costs over \$200 and Diversified Solutions is investing in this vaccine based on your registration. Please do everything you can to get the vaccine when it is offered. Your school will be notified of the date.

Please notify us in the event that you cannot receive the vaccine once you have signed-up so we can give it to someone else. Thank you.