



COFFEE COUNTY DEPARTMENT OF HEALTH

800 PARKS STREET
MANCHESTER, TENNESSEE 37355
931-723-5134
FAX 931-723-5148

Dear Parent:

The Coffee County Health Department and the Coffee County/Manchester City School System have partnered to provide seasonal influenza (flu) vaccinations at your child's school. If your child is uninsured, there is no cost to you for the flu vaccine. If your child is covered by insurance, including TennCare and private insurance, the County Health Department will file a claim with the insurance plan and receive reimbursement directly from the insurance plan. There is no out of pocket cost to you for the flu vaccines provided during this school flu vaccination clinic.

Health Department nurses will vaccinate children and school staff using the injectable (shot). Clinics will begin as soon as the vaccine arrives at the health department (usually middle to late fall).

If you would like for your child to receive flu vaccine, please fill out both sides of the attached consent form completely. Be sure to sign the form as this will be your permission for your student to receive the vaccine. You must fill out a separate consent form for each student you would like to receive the vaccine. If at a later date you change your mind and do not wish for your child to receive flu vaccine at the school, please notify the school prior to the clinic date! This service to the students and staff is being done to decrease the impact of seasonal flu in our communities and to decrease school absenteeism.

If you have any questions, please call the Coffee Health Department at 931-723-5134.

Sincerely,

Nursing Supervisor

**Tennessee Department of Health School Located Influenza Vaccination Project
Student Consent Form and Influenza Immunization Documentation Form**

If you want a Flu Vaccination given to your child, COMPLETE THE INFORMATION ON THE FRONT AND BACK OF THIS FORM AND SIGN.

PLEASE PRINT

School: _____ Home Room Teacher: _____ Grade : _____

Student: Last Name _____ First Name: _____ MI: _____

SEX: M F DOB: ____/____/____ Current Age: _____ Child's SSN: _____

RACE: Asian Black Native American Pacific Islander White Other ETHNICITY: Hispanic Y N

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

Parent/Guardian: Last Name: _____ First Name: _____ MI: _____

Parent/Guardian Home Phone: () _____ Cell Phone: () _____

ALL QUESTIONS MUST BE COMPLETED BY CHECKING YES OR NO IN ORDER FOR THE STUDENT TO RECEIVE A FLU VACCINE The Nurse giving the vaccination will review the information on vaccination day.	YES	NO
1. Has your child ever received a flu vaccine?		
2. Has your child received at least 2 seasonal Influenza (flu) vaccine doses in their lifetime? If unsure, mark No.		
3. Has your child ever had a severe (life threatening) allergic reaction to the flu vaccine requiring urgent medical attention?		
4. Does your child have severe (life threatening) allergy to eggs (requiring urgent medical attention? If yes, describe:		
5. Is your child allergic to vaccine components such as gentamicin, arginine, gelatin, MSG? If yes, describe reaction:		
6. Has your child ever had Guillain-Barre' syndrome?		

Request for Administration of Influenza Vaccine for the above named recipient: I will receive information about the vaccine and special precautions on the Vaccine Information Sheet prior to my child receiving the vaccine and on the day of vaccination. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent that the vaccine be given to the person above of whom I am parent or legal guardian and acknowledge that no guarantees have been made concerning the vaccine's success. I hereby release Tennessee Department of Health, their affiliates, employees, directors, and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination.

I understand that this document will be given to and retained by the public health department. I give permission for my child's school to retain a copy if needed.

I acknowledge that I have been given the Department of Health's Notice of Privacy Practices.

I give consent to bill TennCare and/or private insurance for the service provided.

This Consent Form is valid for administration of influenza vaccinations for six (6) months. It may be used to administer a second dose of influenza vaccine, if needed. I understand that I should report any changes of the above information to the health department prior to vaccination.

Parent/Guardian Signature

Date

PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS FORM

PARENTS: Please answer all questions below to provide necessary billing information and to determine if your child



might be eligible for the Vaccine for Children (VFC) program.

Does your child have CoverKids or any type of private medical insurance? If yes, please complete the insurance information below :

Name of Insurance Plan _____

Does insurance cover vaccines? YES NO

Policy Number: _____

Group Number: _____

Name of policyholder _____

Member ID: _____

Address To File Claims: _____
(from back of card)

Birth Date of policy holder: _____

Does your child have TennCare? If yes, circle the health plan and provide ID number:

BlueCare/TennCare Select

United Health Care/Americhoice

Amerigroup

TennCare ID# _____

Is your child uninsured? YES NO

Is your child an American Indian or Alaska Native? YES NO

Nursing Immunization Documentation

AREA FOR OFFICIAL USE ONLY

VFC Eligible: YES NO

AREA FOR OFFICIAL USE ONLY

#1 Manufacturer: Sanofi Seqirus GSK Other _____

VIS Date: ____/____/____

Site administered: Right Deltoid Left Deltoid

Lot number: _____

Signature _____
Signature above indicates immunization given according to PHN Protocol

Date Given: _____

Provider Number: _____

#2 Manufacturer: Sanofi Seqirus GSK Other

VIS Date ____/____/____

Site administered: Right Deltoid Left Deltoid

Lot number: _____

Signature _____
Signature above indicates immunization given according to PHN Protocol

Date Given: _____

Provider Number: _____

PT.NO: _____	VISIT SETTING 03	DIAGNOSIS
NAME: _____	SCHOOL	Z23 Vaccine
DATE: _____		
ENCOUNTER NO: _____		

CHILD TennCare or Dual Covered

INDIVIDUAL ENCOUNTER

Long Registration For Individual Patient

DESCRIPTION	CODE	PROVIDER NUMBER	PRG CODE	PAYOR CODE	DIAG CODE	QTY
VFC FLU INJ. ADMINISTRATION (CHILD)	90460IS		CH	ATAG, ATBL, ATCH, or 5	1	1
VFC FLU INJ. VACCINE MDV (CHILD) (quadrivalent)	158		CH	ATAG, ATBL, ATCH, or 5	1	1
VFC FLU INJ. VACCINE P-Free (CHILD) (quadrivalent)	150		CH	ATAG, ATBL, ATCH, or 5	1	1
VFC FLU INJ. VACCINE (P-FREE) (CHILD) (quadrivalent) Flucelvax	171		CH	ATAG, ATBL, ATCH, or 5	1	1

PT.NO: _____	VISIT SETTING 03	DIAGNOSIS
NAME: _____	SCHOOL	Z23 Vaccine
DATE: _____		
ENCOUNTER NO: _____		

**CHILD Private Insurance
Or
Cover Kids**

INDIVIDUAL ENCOUNTER

Long Registration For Individual Patient

DESCRIPTION	CODE	PROVIDER NUMBER	PRG CODE	PAYOR CODE	DIAG CODE	QTY
FLU INJ. ADMINISTRATION (CHILD)	90460IS		CH	5	1	1
FLU INJ. VACCINE (MDV)	FLZIS		CH	5	1	1
FLU INJ. VACCINE (P-Free) Flucelvax	FLXIS		CH	5	1	1

NOTE FIELD SCHOOL CODE: _____

Tennessee Department of Health School Located Influenza Vaccination Project

PT.NO: _____	VISIT SETTING 03	DIAGNOSIS
NAME: _____	SCHOOL	Z23 Vaccine
DATE: _____		
ENCOUNTER NO: _____		

Definition of VFC = Child under age 19 who meets 1 of the 4 eligibility criteria: (1) TennCare, (2) Uninsured, (3) American Indian or Alaskan Native, or (4) Underinsured [Underinsured = report they have private insurance that does not cover vaccines as a benefit]

CHILD NON-TennCare – VFC Eligible
Uninsured or Underinsured (Insurance does not cover vaccines) or American Indian or Alaska Native
or
Uninsured ADULT

MASS ENCOUNTER

317 Federal Vaccine Eligible
Community Service Registration For School

DESCRIPTION	CODE	PROVIDER NUMBER	PRG CODE	PAYOR CODE	DIAG CODE	QTY
CHILD/ADULT FLU INJ. ADMINISTRATION	78091S		CH, WH, or MH	6	1	1
CHILD FLU INJ. VACCINE MDV VFC Eligible (quadrivalent)	158SB		CH	6	1	1
CHILD FLU INJ. VACCINE P-Free VFC Eligible (quadrivalent)	150SB		CH	6	1	1
CHILD FLU INJ. VACCINE P-Free VFC Eligible (quadrivalent)Flucelvax	171SB		CH	6	1	1
ADULT FLU INJ. VACCINE P-Free (trivalent)	140SB		WH or MH	6	1	1
ADULT FLU INJ. VACCINE MDV (trivalent)	141SB		WH or MH	6	1	1

PT.NO: _____	VISIT SETTING 03	DIAGNOSIS
NAME: _____	SCHOOL	Z23 Vaccine
DATE: _____		
ENCOUNTER NO: _____		

ADULT TennCare, Medicare, or Private Insurance

INDIVIDUAL ENCOUNTER

Long Registration For Individual Patient

DESCRIPTION	CODE	PROVIDER NUMBER	PRG CODE	PAYOR CODE	DIAG CODE	QTY
ADULT FLU INJ. VACCINE MDV	FLZIS		WH or MH	ATBL, ATCH, ATAG, S, or 5	1	1
ADULT FLU INJ. VACCINE P-Free Flucelvax	FLXIS		WH or MH	ATBL, ATCH, ATAG, S, or 5	1	1
FLU INJ. ADMINISTRATION (ADULT)	90471S		WH or MH	ATBL, ATCH, ATAG, S, or 5	1	1

NOTE FIELD SCHOOL CODE: _____

Tennessee Department of Health School Located Influenza Vaccination Project

VACCINE INFORMATION STATEMENT

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 (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

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

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu 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.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

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. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**
If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barré Syndrome (also called GBS).**
Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.**
It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- 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 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- 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. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does 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.

Persons 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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she 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

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only

