Dear Parent:

The Washington County Health Department and the Washington County/Johnson City School System have partnered to provide seasonal influenza (flu) vaccinations at your child’s school this fall. 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 one of two types of vaccine: 1) injectable (shot) or 2) FluMist® (nasal spray). Please note that not all children may be eligible for the FluMist® based on medical history. 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 and return it to your child’s school within 2 weeks. 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, 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 Washington County Health Department at 423-975-2200.

Sincerely,

Amanda McElyea, RN  
Nursing Supervisor

Mary Williams, RN  
Assistant Nursing Supervisor
If you want a Flu Vaccination given to your child, COMPLETE THE INFORMATION ON THE FRONT AND BACK OF THIS FORM AND SIGN. Your signature will allow your child to receive live influenza virus (in the nose) vaccine or the inactivated (shot) type of vaccine depending upon your answers to the following important questions:

### Student Consent Form and Influenza Immunization Documentation Form

**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.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your child ever received a flu vaccine? When?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has your child received at least 2 seasonal Influenza (flu) vaccine doses since July 2010?</td>
<td></td>
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</tr>
<tr>
<td>3. Has your child ever had a serious reaction to the flu vaccine in the past? If yes, please explain.</td>
<td></td>
<td></td>
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<tr>
<td>4. Does your child have any allergies to food or medicine? If yes, please list.</td>
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<tr>
<td>5. Does your child have an allergy to any components of the flu vaccine or a severe allergy to eggs? If allergic, no vaccine can be given.</td>
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<tr>
<td>6. Has your child ever had Guillain-Barre’s syndrome?</td>
<td></td>
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<tr>
<td>7. Has your child received any other vaccinations in the past 4 weeks?</td>
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</tr>
<tr>
<td>Name of Vaccine(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Given:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. In the past 12 months, has a healthcare provider told you that your child had wheezing or asthma? (If yes, the live virus vaccine is not recommended for children ages 2 through 4 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Does your child have a long term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Does your child have cancer, leukemia, HIV/AIDS, or any other immune system problem?</td>
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</tr>
<tr>
<td>11. In the past 3 months, has your child taken medications that weaken the immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; or have they had radiation treatments?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Does your child live with or expect to have close contact with a person whose immune system is severely compromised so they have to live in a protective environment, such as an isolation ward for a bone marrow transplant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Is your child or teen (2 years through 17 years of age) receiving aspirin therapy or aspirin containing therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Is your child receiving any prescription medications to prevent or treat flu? If yes please list:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Is your child pregnant or does she expect to be pregnant within the next month?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

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**Parent/Guardian Signature**

**PLEASE COMPLETE BACK OF FORM**

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**PH-4205 (Rev. 06/2015)**
PARENTS: Please answer questions below for all students under age 19 yrs to determine if your child might be eligible for the Vaccine for Children (VFC) program.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have CoverKids or another type of private medical insurance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have private medical insurance that does NOT cover vaccines as a benefit?</td>
<td></td>
<td></td>
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<tr>
<td>Is your child an American Indian or Alaska Native?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child uninsured?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Does your child have TennCare?** *If yes, please complete the insurance information below.*

- BlueCare/TennCare Select
- United Health Care/AmeriChoice
- Amerigroup

**TennCare ID #**

If your child has CoverKids or another type of private medical insurance, please complete the insurance information below.

- Policy Number:
- Group Number:
- Name of policyholder:
- Member ID:
- Ins. Company Name:
- Claim Address: (from back of card)
- Birthday of policy holder:

### Nursing Immunization Documentation

**VFC Eligible:**

- Yes
- No

**#1 Manufacturer:**
- Sanofi
- MedImmune (FluMist)
- GSK

**VIS Date:**

**Site administered:**
- Right Deltoid
- Left Deltoid
- Intranasal

**Signature**

*Signature above indicates immunization given according to PHN Protocol*

**Provider Number:**

---

**#2 Manufacturer:**
- Sanofi
- MedImmune (FluMist)
- GSK

**VIS Date:**

**Site administered:**
- Right Deltoid
- Left Deltoid
- Intranasal

**Signature**

*Signature above indicates immunization given according to PHN Protocol*

**Provider Number:**

---

**PH-4205 (Rev. 06/2015)**
Influenza (Flu) Vaccine
(Inactivated or Recombinant):
What you need to know

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.

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.

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

There are many flu viruses, and they are 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.
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/

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 website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

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.

**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
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 Live, attenuated flu vaccine—LAIV, Nasal Spray

A dose of flu vaccine is recommended every flu season. Children younger than 9 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

The live, attenuated influenza vaccine (called LAIV) may be given to healthy, non-pregnant people 2 through 49 years of age. It may safely be given at the same time as other vaccines.

LAIV is sprayed into the nose. LAIV does not contain thimerosal or other preservatives. It is made from weakened flu virus and does not cause flu.

There are many flu viruses, and they are always changing. Each year LAIV is made to protect against 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

Some people should not get LAIV because of age, health conditions, or other reasons. Most of these people should get an injected flu vaccine instead. Your healthcare provider can help you decide.

Tell the provider if you or the person being vaccinated:

- have any allergies, including an allergy to eggs, or
- have ever had an allergic reaction to an influenza vaccine.
- have ever had Guillain-Barré Syndrome (also called GBS).
- have any long-term heart, breathing, kidney, liver, or nervous system problems.
- have asthma or breathing problems, or are a child who has had wheezing episodes.
- are pregnant.
- are a child or adolescent who is receiving aspirin or aspirin-containing products.
- have a weakened immune system.
- will be visiting or taking care of someone, within the next 7 days, who requires a protected environment (for example, following a bone marrow transplant)
Sometimes LAIV should be delayed. Tell the provider if you or the person being vaccinated:
• are not feeling well. The vaccine could be delayed until you feel better.
• have gotten any other vaccines in the past 4 weeks. Live vaccines given too close together might not work as well.
• have taken influenza antiviral medication in the past 48 hours.
• have a very stuffy nose.

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 LAIV do not have any problems with it. Reactions to LAIV may resemble a very mild case of flu.

Problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:
• runny nose/nasal congestion
• cough
• fever
• headache and muscle aches
• wheezing
• abdominal pain, vomiting, or diarrhea

Adults 18-49 years of age:
• runny nose/nasal congestion
• sore throat
• cough
• chills
• tiredness/weakness
• headache

Problems that could happen after any vaccine:
• 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 small 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?
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Vaccine Information Statement

Live Attenuated Influenza Vaccine

08/07/2015
42 U.S.C. § 300aa-26