



First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Sex: M / F Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

<b>REQUESTED VACCINATION</b>	
<input type="checkbox"/> Flu	<input type="checkbox"/> Pneumonia

**Screening Questionnaire for Inactivated Injectable Influenza and Pneumonia Vaccinations**

- |  |                          |     |                          |
|--|--------------------------|-----|--------------------------|
|  |                          | Yes | No                       |
| 1. Is the person to be vaccinated sick today?  | <input type="checkbox"/> |     | <input type="checkbox"/> |
| 2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?    | <input type="checkbox"/> |     | <input type="checkbox"/> |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | <input type="checkbox"/> |     | <input type="checkbox"/> |
| 4. Has the person to be vaccinated ever had Guillain-Barre syndrome?                             | <input type="checkbox"/> |     | <input type="checkbox"/> |
| 5. WOULD YOU LIKE US TO FAX A COPY OF THE RECORD TO YOUR DOCTOR? Dr _____                        | <input type="checkbox"/> |     | <input type="checkbox"/> |

**Acknowledgment**

I have received a copy of the Vaccine Information Sheet (back of copy) I am receiving and I have had a chance to ask questions. I understand that serious injury may result from any vaccination and in consideration of receiving the vaccination(s) checked above, voluntarily assume the risk of and accept full liability for any and all injuries and death which may occur as a result of my vaccination(s). I understand that there is no assurance that the vaccine will prevent flu or pneumonia. I understand the benefits and possible side effects of the vaccine(s) and request that the vaccine(s) be given to me. I consent to my immunization's entry into the NJ Immunization Information system.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Acknowledgment for Minors**

If patient is under 18 years of age, parent or guardian signature is required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**MEDICARE PART B SECTION - Medicare Recipients Only**

Participants with Medicare HMO, United Mine Workers, and Indian Health Service must pay for services.

Medicare Number: \_\_\_\_\_

I am not a member of an HMO. I attest that Medicare Part B is my PRIMARY Medical Coverage and that I will be billed for the charges of \$35 for Flu and \$199 for Pneumonia should Medicare reject my claim. I also attest that if I am receiving a pneumonia shot, I have not had a pneumonia shot in the last 6 years or I will be responsible for the \$87 payment.

Signature: \_\_\_\_\_ Year of Last Pneumonia Shot (if applicable): \_\_\_\_\_

**TO BE COMPLETED BY PHARMACIST**

PAYMENT:  CASH  CHECK  MEDICARE

Dollar Amount	Vaccine	VIS	Dose	Manuf	Lot Number	Exp. Date	Route/Site
\$ <input type="text"/> <input type="text"/> .00	Flu <input type="checkbox"/> Trivalent <input type="checkbox"/> Quadravalent <input type="checkbox"/> High Dose	8/15/19	0.5cc			/ /	(IM) Arm: L R
\$ <input type="text"/> <input type="text"/> .00	Pneumonia <input type="checkbox"/> Prevnar <input type="checkbox"/> Pneumovax		0.5cc			/ /	(IM) Arm: L R

Pharmacist's Signature: \_\_\_\_\_, RPh Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

## 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.imz.unz.org/vis](http://www.imz.unz.org/vis). Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.imz.unz.org/vis](http://www.imz.unz.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](http://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](http://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](http://www.cdc.gov/flu)



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

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



Office Use Only

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