

## 2023-2024 Flu Vaccine Clinic

### Forms Due October 13<sup>th</sup>, 2023

In an effort to reduce the transmission of influenza, the Pipestone Family Clinic Avera will be holding a Flu Vaccination Clinic. The vaccine is preservative free. If you require the high-dose vaccine or have a severe egg allergy, please contact the Edgerton or Pipestone clinics to have your vaccine administered in the medical office. There is a walk-in flu vaccine clinic on Thursday, October 5<sup>th</sup> and Friday, October 6<sup>th</sup> from 9-4pm at the Edgerton Family Clinic.

If you would like your minor child or yourself to receive the immunization during the flu vaccination clinic, please complete the items as listed below. *If you answer “yes” to any of the questions on the screening form, talk to your doctor before getting the vaccine.*

Fill out the Influenza Vaccine Screening Form/Record. A vaccine will not be administered without a completed and signed screening form.

Read the attached Vaccine Information Sheet to be well informed about the vaccine.

Payment:

Most commercial insurance plans cover the cost of the flu vaccine. PCMC does not guarantee your insurance or health care plan will cover the cost of the vaccine or administration. Any charges not reimbursed by a health care plan will be the financial responsibility of the person receiving the vaccine or their parent/guardian. Please contact your health care plan with any coverage questions.

If your insurance does not cover the cost of the vaccine, or you are self-pay see the chart below to determine your cost of receiving the vaccine at the vaccine clinic. Send payment in full with the completed screening form to the school by the due date.

Age of Vaccine Recipient	Cost
18 and younger	\$21.22
19 and over	\$42.72

Please return the completed Influenza Vaccine Screening Form/Record form, and payment if applicable, to your child's school **no later than October 13<sup>th</sup>**. Forms **will not** be accepted after this date. **No vaccines will be given without a fully completed and signed consent form along with payment, if applicable.**

# Pipestone County Medical Center & Family Clinic

916 4<sup>th</sup> Ave SW  
Pipestone, MN 56164



## Influenza Vaccine Screening Form/Record

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

**PLEASE ANSWER THESE QUESTIONS**

	Yes	No	
1. Ever received a flu vaccination (including intranasal)?	Q	Q	_____
2. Ever had a serious medical or allergic reaction to Influenza vaccination (including intranasal)?	Q	Q	_____
3. Sick today - fever over 100?	Q	Q	_____
4. Currently COVID-19 positive?	Q	Q	_____
5. Allergic to component of the vaccine?	Q	Q	_____
6. History of Guillian Barre Syndrome within 6 weeks of receiving the influenza vaccination?	Q	Q	_____
7. At least 18 years old?	Q	Q	_____
<b>8. Consent to enter vaccination information on state website</b>	Q	Q	_____

*Additional details:*

\*People with egg allergies can receive any licensed, recommended age-appropriate influenza vaccine (IIV, RIV4, or LAIV4) that is otherwise appropriate.

\*People who have a history of severe egg allergy (those who have had any symptom other than hives after exposure to egg) should be vaccinated in a medical setting, supervised by a health care provider who is able to recognize and manage severe allergic reactions.

\* The influenza vaccine should not be given in COVID + patients if they are currently febrile with a temperature over 100 degrees.

*Consent statement:*

**I consent to receive the influenza vaccine.** I have received and read the Influenza Vaccine Information Sheet. I have been provided an opportunity to ask questions about the disease and the treatment. I understand the risks & benefits of the vaccination, however, with all vaccines there is no guarantee that I will become immune or that I will not experience side effects. I hereby request the influenza vaccine for 2023-2024.

Assignment of Benefits and Responsibilities for Payment: This allows us to bill your health plan or company and receive payment directly. It also means that you agree to pay for services not covered by your health plan. I authorize this health provider to bill my health plan or other payers on my behalf, and to receive direct payment of authorized benefits. I agree that it is my responsibility.

Time \_\_\_\_\_ AM / PM \_\_\_\_\_ Date \_\_\_\_\_ Patient, Parent or Legal Representative Signature \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**FOR CLINIC/OFFICE USE ONLY**

Q Yes Q No

\_\_\_\_\_ (patient or parent/guardian) verbal/phone consent for vaccination received. (Sign, Date, and Time)

<b>Vaccine:</b> Influenza	VIS date: Inactivated Influenza Vaccine <b>(8/06/2021)</b>		
<b>Date Vaccine Administered</b>	<b>Vaccine, Manufacturer, Lot Number, Expiration date</b>	<b>Administration Site (circle):</b>	<b>Signature and Title of Vaccine Administrator</b>
		Left Deltoid, (IM) Right Deltoid, (IM) Left Thigh, (IM) Right Thigh, (IM)	

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Vaccination Site: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

## Influenza Vaccine Screening Form/Record

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

### PLEASE ANSWER THESE QUESTIONS

	Yes	No	
1. Ever received a flu vaccination (including intranasal)?	<input type="radio"/>	<input type="radio"/>	_____
2. Ever had a serious medical or allergic reaction to Influenza vaccination (including intranasal)?	<input type="radio"/>	<input type="radio"/>	_____
3. Sick today - fever over 100?	<input type="radio"/>	<input type="radio"/>	_____
4. Currently COVID-19 positive?	<input type="radio"/>	<input type="radio"/>	_____
5. Allergic to component of the vaccine?	<input type="radio"/>	<input type="radio"/>	_____
6. History of Guillian Barre Syndrome within 6 weeks of receiving the influenza vaccination?	<input type="radio"/>	<input type="radio"/>	_____
7. At least 18 years old?	<input type="radio"/>	<input type="radio"/>	_____
<b>8. Consent to enter vaccination information on state website</b>	<input type="radio"/>	<input type="radio"/>	_____

### Additional details:

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### Consent statement:

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Time \_\_\_\_\_ AM / PM \_\_\_\_\_ Date \_\_\_\_\_ **Patient, Parent or Legal Representative Signature** \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

### FOR CLINIC/OFFICE USE ONLY

Yes  No \_\_\_\_\_  
(patient or parent/guardian) verbal/phone consent for vaccination received. (Sign, Date, and Time)

Vaccine: Influenza	VIS date: Inactivated Influenza Vaccine (8/06/2021)		
Date Vaccine Administered	Vaccine, Manufacturer, Lot Number, Expiration date	Administration Site (circle):	Signature and Title of Vaccine Administrator
		<input type="radio"/> Left Deltoid, (IM) <input type="radio"/> Right Deltoid, (IM) <input type="radio"/> Left Thigh, (IM) <input type="radio"/> Right Thigh, (IM)	

# 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](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://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 and older, pregnant people, 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.

In an average 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 vaccines

CDC recommends everyone 6 months 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 the influenza viruses believed to be 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 vaccination 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 until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

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.



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

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## 4. Risks of a vaccine reaction

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- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- 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.

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## 5. What if there is a serious problem?

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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 members do not give medical advice.*

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## 6. The National Vaccine Injury Compensation Program

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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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. 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.

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## 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- 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](http://www.cdc.gov/flu).

