

2020- 2021 INFLUENZA VACCINE CONSENT AND SCREENING FORM**Injectable (Flu Shot)****Information about the person to receive vaccine (please print):**

Name: (Last, First, MI)		Date of birth:		Age	Sex: (Circle)
		Month	Day	Year	Male Female
Street Address:					
City:	State:	Zip:	Phone:		
			()		

Insurance Information: *Include the whole member ID number and any letters that are part of that number*

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)


If person getting vaccinated is not the subscriber, please complete the following:

Subscriber's Name: (Last, First, MI)*		Subscriber's Date of Birth: *		Sex: (Circle)*
		Month	Day	Year
Subscriber's Street Address:* (If different from address above)				
City:*	State:*	Zip: *	Phone:*	
			()	
Patient Relationship to Subscriber: (Circle)* Spouse Child Other				

I GIVE CONSENT for me / my child named at the top of this form to get vaccinated with this vaccine. I have read or had explained to me the 2020-2021 Vaccine Information Statement for the influenza vaccine and understand the risks and benefits.

___ Injectable only

I give consent for my insurance company to be billed if insurance information is entered above.

 X _____ Date: _____
(Signature of patient, parent or legal guardian)

For children 18 years of age and younger:

To help us determine if your child is eligible to receive vaccines from the Vaccines for Children Program, please check one of the boxes below. Your child will receive flu vaccine whether or not they are eligible.

- ☐ My child is enrolled in Medicaid (includes MassHealth and HMOs, etc., if enrolled through Medicaid)
- ☐ My child does not have health insurance
- ☐ My child is American Indian (Native American) or Alaska Native
- ☐ My child has health insurance and is not American Indian (Native American) or Alaska Native

For Clinic/Office Use Only:

Date vax given:	Vax Type	Vax Manufacturer	Exp. Date/ Lot No	Dose	State Supplied	Preserv Free	Injection Route (Circle)	Injection Site (Circle)	Date On VIS	Date VIS given
					Yes No	Yes No	IM	R Arm L Arm R Leg L Leg	08/15/19	

Pharmacy Name: Berkshire Community Pharmacy

Pharmacy Address: 725 North Street Pittsfield Ma. 01201

Signature of Vaccine Administrator: _____ RPh. _____ Date: _____

Screening for *Injectable (Flu Shot)*

Answering these questions will help us to know which type of flu vaccine your child should get and whether your child should get 0, 1 or 2 doses of flu vaccine.

If the person receiving vaccine is not a child, skip to section 2.

Section 1: Information to determine if your child should receive 0, 1 or 2 doses of flu vaccine

If your child is 9 years old or older, go to Section 2 below.

If your child is 8 years old or younger, answer the other questions in this box.

1. Did your child receive 1 or more doses between July 1, 2019 and June 30, 2020? ☐ Yes ☐ No

2. Has your child received flu vaccine this flu season (since July 1, 2020)? ☐ No **If no, go to Section 2** ☐ Yes

If yes, please tell us the number of doses and dates of vaccination. ☐ 1 dose ☐ 2 doses

Dose 1: Date received: month ____ day ____ 2019 **Dose 2:** Date received: month ____ day ____ 2020

Section 2: Information to determine whether the person receiving vaccine should receive the 2020-2021 flu vaccine.

A. Please check YES or NO for each question.

	NO	YES
1. Is the person receiving vaccine sick today?		
2. Does the person receiving vaccine have a problem eating eggs?		
3. Has the person had an anaphylactic reaction to latex?		
4. Does the person receiving the vaccine have an allergy to gentamicin, neomycin, polymixin or gelatin?		
5. Has the person receiving vaccine ever had a serious reaction to a flu vaccine in the past?		
6. Has the person receiving vaccine ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

MIIS Policy: Massachusetts law (M.G.L. c. 111, Section 24M) requires providers to report immunization information to computerized immunization registry known as the Massachusetts Immunization Information System (MIIS). The MIIS stores immunization records for you and your healthcare provider and can help prevent outbreaks of disease like measles and the flu. All information in the MIIS is kept secure and confidential. The MIIS allows information to be shared with health care providers, school nurses, local boards of health, and state agencies concerned with immunization. You have the right to object to the sharing of your immunization information across providers in the MIIS. For more information, please ask your healthcare provider, visit the MIIS website at www.mass.gov/dph/miis or contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850.

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 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.



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

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 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 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

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



Office use only

8/15/2019 | 42 U.S.C. § 300aa-26

BMC COMMUNITY PHARMACY FLU CLINIC

You should not be vaccinated for the flu today, if:

- **You are not feeling well today.**
- **You have had contact with a person with COVID-19 within the past 14 days.**
- **You have tested positive for COVID-19 within the past 14 days.**
- **You have any of the symptoms listed below:**
 - ◇ **Fever or chills**
 - ◇ **Cough**
 - ◇ **Shortness of breath or difficulty breathing**
 - ◇ **Fatigue**
 - ◇ **Muscle or body aches**
 - ◇ **Headache**
 - ◇ **New loss of taste or smell**
 - ◇ **Sore throat**
 - ◇ **Congestion or runny nose**
 - ◇ **Nausea or vomiting**
 - ◇ **Diarrhea**



**Berkshire
Medical Center**

www.berkshirehealthsystems.org