

**UNO HEALTH SERVICES
INFLUENZA VACCINATION CONSENT (2016/2017)**

PLEASE PRINT

Rev. 9/25/16

TODAY'S DATE:		FLU CLINIC LOCATION:	
Name: <i>Last</i> <i>First</i> <i>Middle Initial</i>		Student/Employee ID# ____ _	
		If you have no NU ID, use the last four digits of SS#	
Address:		City	State Zip
Telephone:		Status: Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Retiree <input type="checkbox"/> Alumni <input type="checkbox"/> Community <input type="checkbox"/>	
Date of Birth:	Age		

READ CAREFULLY AND ANSWER QUESTIONS PRIOR TO RECEIVING VACCINATION	Yes	No
1. Have you ever had a serious, life-threatening reaction to the influenza vaccine? If yes, do not receive vaccine	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you feeling severely ill today? Do you have a fever today? If yes to either question, do not receive vaccine, wait until you have been fever-free for 48 hours	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a serious, life-threatening allergy to eggs or egg products? If yes, do not receive vaccine, but please consult with your personal health provider to discuss.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had Guillian-Barre' Syndrome within 6 weeks of an influenza vaccination? If yes, do not receive vaccine, but please consult with your personal health provider to discuss.	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HEALTH CONDITIONS - You may always visit with your own physician or provider prior to receiving the vaccine.
Chemotherapy - If you have had recent chemotherapy, radiation therapy, steroids (except inhaled), or if you take immunosuppressant medications, these conditions may decrease the effectiveness of the vaccine. However, flu vaccination is still encouraged.
Pregnancy / Breastfeeding - Flu vaccination is recommended for any woman who will be breastfeeding during the influenza season or will be pregnant during the influenza season. **Vaccination can occur in any trimester.**

CONSENT FOR IMMUNIZATION

By signing below, I give consent for UNO Health Services, its agents and employees to administer the influenza vaccine. I have had the opportunity to read the Vaccine Information Statement (VIS) dated 8/7/15, and I understand that I may experience an adverse reaction from the vaccine. I have had my questions answered and would like to receive the vaccination. I release UNO Health Services from all responsibilities and agree to wait for 10 minutes onsite and to seek medical attention should severe symptoms occur.

The status of your influenza participation may be released for the purposes of disease management and prevention.

Signature	Date
Parent / Guardian Signature if Patient is a Minor	Relationship

HEALTH SERVICES TO COMPLETE PAYMENT INFORMATION	
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Insurance <input type="checkbox"/> MavCard	Cost Center# _____ Amount: \$ _____ Staff Initials _____ Department: _____

MANUFACTURER & LOT #	DOSAGE & SITE	PHYSICIAN ORDER OF
Vaccine name: FLUARIX® QUADRIVALENT Manufacturer: GLAXOSMITHKLINE VACCINES Lot #: 79PE5 Exp. Date: 06/15/2017	Dose/Site: 0.5 mL IM CIRCLE L R Deltoid _____ Administered by _____ Date _____	Dr Gary Gustafson, UNO Health Services 6001 Dodge, 102 HPER Omaha, NE 68182



Flu Shot
Health Insurance Claim Form
University of Nebraska – Omaha, Health Services, 102 HPER
6001 Dodge Street, Omaha, NE 68182-0301 (402)554-2374

Directions:
Complete Sections 1-6

1. Name: Last _____ First _____ Middle Initial _____	2. Date of Birth: ____ / ____ / ____ (mo.) (day) (yr.) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Address: _____ City: _____ State: _____ Zip: _____ Telephone: (____) ____ - ____ - ____	4. Patient Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse* <input type="checkbox"/> Child* <input type="checkbox"/> Other* *If you are the spouse, child or other of the insured , complete the red box below

5. Insurance Company Name: _____	Insurance ID Number: _____	Group/Plan Number: _____
Insurance Company Address: _____		Insurance Company Phone Number: _____
*Complete the box below with the card owners name if you are the spouse, child or other of the insured		

Diagnosis Code: Z23 NDC– 58160905-52 6. Patient's Authorizing Signature: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or the party who accepts assignment below: Signature: _____ Date _____	Insured's Name (Last , First, MI)	
	Insured's Address	
	City	
	Zip	Telephone ()
	Insured's date of birth ____ / ____ / ____ (mo.) (day) (yr.)	Insured's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Employer's Name	Insurance Plan Name or Program:

Date of Service	Procedure	Charges
	CPT	
1.	90686 Influenza Vaccine-FLUARIX ® QUADRIVALENT	\$25.00
2.	90471 Administration	\$10.00
3.		
4.		
5.		
6.		
Total Charges: \$35.00	Amount Paid:	Balance Due:

Revised 10/10/16

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

