

2020 - 2021 Insurance Information Form for Influenza Vaccination

This form is mandatory for every vaccine recipient. If no insurance information is available fill out as much as possible.

Information about the person to receive vaccine (please print): *Required Fields PLEASE PRINT CLEARLY

Name: (Last, First, MI)*	Date of birth: *	Age*	Sex: Male Female Other
Street Address:*			
City:*	State: *	Zip:*	Phone:* ()
If you would like a copy of this record, please provide your email or address to be sent to:			

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

PLEASE COMPLETE 1-4 SCREENING QUESTIONS FOR THE INJECTABLE FLU VACCINE:	Circle Yes or No
1. Is this the first time YOU are receiving the influenza vaccine?	YES NO
2. If you answer NO to 1., then have YOU had a serious reaction after receiving the flu vaccine?	YES NO
3. Are YOU sick today ?	YES NO
4. Have YOU ever had Guillian-Barre Syndrome ?	YES NO
PLEASE COMPLETE THE ABOVE AND BELOW SCREENING QUESTIONS FOR THE FLUMIST ONLY	
5. Are YOU taking aspirin ?	YES NO
5. Do YOU have a weakened immune system ?	YES NO
6. Do YOU have asthma or wheezed in the past 12 months?	YES NO
7. Are YOU taking influenza antiviral medication in the past 48 hours?	YES NO
8. Do YOU have lung, heart or kidney disease , or liver, neurological, neuromuscular or metabolic disorders ?	YES NO
9. Do YOU spend time with a severely immunocompromised person ?	YES NO

*I give permission for my insurance company to be billed, receive vaccine and added to the *MIIS Registry*

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

For children aged 18 years of age and younger: please check box next to any statements that are applicable:	
Is Vaccine for Children (VFC) Program eligible:	Is not VFC-eligible:
<input type="checkbox"/> Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid) <input type="checkbox"/> Does not have health insurance <input type="checkbox"/> Is American Indian (Native American) or Alaska Native	<input type="checkbox"/> Has health insurance and is not American Indian (Native American) or Alaska Native

* Massachusetts law (M.G.L. c. 111, Section 24M) requires providers to report immunization information to a computerized immunization registry known as the Massachusetts Immunization Information System (MIIS). 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 MIIS directly at 617-983-6800 or 888-658-2850

FOR OFFICE USE ONLY

Signature of Vaccine Administrator: _____ Date: _____

PLEASE READ EACH QUESTION CAREFULLY

PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU

Have you experienced any of the following symptoms in the past 48 hours:

- 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

YES

NO

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

YES

NO

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

YES

NO

Are you currently waiting on the results of a COVID-19 test?

YES

NO

Did you answer NO to ALL QUESTIONS?

Access to CDC facilities **APPROVED**. Please show this to security at the facility entrance. Thank you for helping us protect you and others during this time.

Did you answer YES to ANY QUESTION?

Access to CDC facilities **NOT APPROVED**. Please see Page 2 for further instructions. Thank you for helping us protect you and others during this time.

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.



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

Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

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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 Live, attenuated 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.

Live, attenuated influenza vaccine (called LAIV) is a nasal spray vaccine that may be given to non-pregnant people **2 through 49 years of age**.

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:

- Is **younger than 2 years or older than 49 years** of age.
- Is **pregnant**.
- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Is a **child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin-containing products**.
- Has a **weakened immune system**.
- Is a **child 2 through 4 years old who has asthma or a history of wheezing** in the past 12 months.
- Has **taken influenza antiviral medication** in the previous 48 hours.
- **Cares for severely immunocompromised persons** who require a protected environment.
- Is **5 years or older and has asthma**.
- Has other **underlying medical conditions** that can put people at higher risk of serious flu complications (such as **lung disease, heart disease, kidney disease, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders**).
- Has had **Guillain-Barré Syndrome** within 6 weeks after a previous dose of influenza vaccine.



In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

For some patients, a different type of influenza vaccine (inactivated or recombinant influenza vaccine) might be more appropriate than live, attenuated 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.

4 Risks of a vaccine reaction

- Runny nose or nasal congestion, wheezing and headache can happen after LAIV.
- Vomiting, muscle aches, fever, sore throat and cough are other possible side effects.

If these problems occur, they usually begin soon after vaccination and are mild and short-lived.

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.

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Vaccine Information Statement (Interim)
**Live Attenuated
Influenza Vaccine**



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