

Warner Elementary School-Based Health Center
801 W 18th Street Wilmington DE 19802
P (302) 425-3350

Date: _____ Child's Name: _____ DOB: _____

Dear Parent or Guardian:

Please check one vaccine box

- ☐ Diphtheria, Tetanus, Pertussis (Tdap)/Td ☐ DTaP ☐ Hepatitis B ☐ Human Papillomavirus (HPV)
☐ Meningococcal (MCV4) ☐ Meningococcal (Men B) ☐ Hepatitis A ☐ MMR ☐ IPV
☒ Seasonal Flu OTHER: _____

Immunization guidelines have been established by the Division of Public Health to determine eligibility for students to receive vaccinations against some diseases through the School-Based Health Centers (SBHC). In order for your child to receive vaccinations through the SBHC, Please complete sections I and II.

Please note that the SBHC and the Division of Public Health believe the best way for your child to be vaccinated is through your Primary Health Care Provider (physician). Please sign the vaccine administration record on the back of this form to acknowledge you have received the vaccine information sheet.

SECTION I

I would like my child to be vaccinated at the SBHC due to the following:

1. ☐ Cannot get to the doctor for reasons such as costs, lack of transportation, missed time at school.
Please write in your reason: _____
2. ☐ The next available appointment time with the doctor will prevent my child from meeting a deadline such as school entry or athletic activity.
3. ☐ My child does not have a family doctor or other health care provider. (Explain, we may be able to help)

SECTION II (VFC Patient Eligibility Screening Record)

In addition to the item that I checked in Section I, my child (check all that apply in Section II):

4. ☐ Is age 18 or younger
5. ☐ Is enrolled in Medicaid.
6. ☐ Does not have health insurance.
7. ☐ Is an American Indian or Alaskan Native.
8. ☐ Is insured by Delaware Healthy Children Program
9. ☐ Is insured by CHAP (Community Healthcare Access Program)
10. ☐ Has other insurance that covers vaccinations.
Please write in the name of the insurance: _____

- ☐ If your child has health insurance that does not pay for vaccinations you must go to one of the following centers:
Henrietta Johnson Medical Center, Wilmington (302) 655-6187
Westside Health Services, Wilmington (302) 655-5822

I agree that the above information is true and accurate. I have been given a copy of appropriate Centers for Disease Control & Prevention vaccine information materials and have read, or have had explained to me, information about the diseases and vaccine. I believe I understand the benefits and risks of the vaccines discussed as set forth in the materials I received and I consent to having the above vaccine given to my child. I understand that if my child is vaccinated in the SBHC, a record of his/her vaccinations will be sent to his/her family doctor if he/she has one.

Name of Doctor: _____

X
Signature of Parent/Guardian _____

X
Date _____

Vaccine Administration Record



PATIENT NAME: _____
 DATE OF BIRTH: _____
 PROVIDER NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____

(Provider's stamp)

*SITE ROUTE LEGEND

RA= Right Arm
 LA= Left Arm
 RT= Right Thigh
 LT= Left Thigh
 PO= Oral
 IM= Intramuscular
 SQ= Subcutaneous

CIRCLE VACCINE	DATE GIVEN M/D/Y	SITE/ROUTE	VACCINE		VACCINE INFORMATION STATEMENT (VIS)		VACCINATOR (signature or initials & title)	PARENT/GUARDIAN/SIGNATURE/DESIGNEE	VFC YES
			LOT#	MFR.	DATE ON VIS	DATE GIVEN			
DTaP DTaP/Hepb/IPV DT									
DTaP DTaP/Hepb/IPV DT									
DTaP DTaP/Hepb/IPV DT									
DTaP DTaP/Hepb/IPV DT									
DTaP DTaP/IPV DT					8/24/18				
Hep A									
Hep A					7/20/2016				
Hep B									
Hep B					8/15/2019				
Hep B									
Hib HepB/Hib DTaP/Hib/IPV									
Hib HepB/Hib DTaP/Hib/IPV									
Hib HepB/Hib DTaP/Hib/IPV									
Hib DTaP/Hib/IPV									
HPV									
HPV					10/30/2019				
HPV									
Influenza									
Influenza					8/15/2019		X		
IPV									
IPV					10/30/2019				
IPV									
IPV									
Meningo Conj (MCV4)									
Meningo Conj (MCV4)					8/15/2019				
Meningitis B									
Meningitis B					8/15/2019				
MMR MMRV									
MMR MMRV					8/15/2019				
PCV 13									
PCV 13									
PCV 13									
PCV 13									
Td									
Td Tdap					4/11/2017				
Varicella					2/24/2015				
Varicella					08/15/2019				
Other:									

DELAWARE HEALTH AND SOCIAL SERVICES © Division of Public Health © Immunization Program 1-800-282-8672

Revised 12/19

VIS Dates Revised 12/19

Patient name: _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Screening Questionnaire for Inactivated Injectable Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
X 1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X 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"/>	<input type="checkbox"/>
X 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X 4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X Form completed by: _____ Date: _____
Form reviewed by: _____ Date: _____

Technical content reviewed by the Centers for Disease Control and Prevention, August 2010.

www.immunize.org/catg.d/p4066.pdf • Item#P4066 (8/10)

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.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

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