



**Public Health**  
Prevent. Promote. Protect.

**Geary County  
Health Department**  
1212 West Ash Street  
P. O. Box 282  
Junction City, Kansas 66441

Hello, Parent!

For your convenience, and to help protect your child from getting sick, we will be administering flu vaccines during school on October 17<sup>th</sup> from 8:30am – 12:30pm. If you would like your child to receive the flu vaccine, please fill out the back of this form and have your child bring it with them on the date above.

Cassandra Humrich  
Immunization Nurse

Influenza Consent

**Student/patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Screening for influenza vaccine eligibility**

- |  |     |    |
|--|-----|----|
| 1. Do you have a severe allergy to eggs?                                   | Yes | No |
| 2. Have you ever had a life-threatening reaction to the influenza vaccine? | Yes | No |
| 3. Do you have a history of Guillain-Barre Syndrome?                       | Yes | No |
| 4. Are you moderately or severely ill today?                               | Yes | No |

*If yes to any questions 1-3 then DO NOT vaccinate with influenza vaccine. If yes to questions 4, vaccinate when student/patient has recovered.*

I have read of had explained to me the Vaccination Information Statement about influenza vaccination and I understand the benefits and risks of influenza vaccination. I request that the influenza vaccination be given to me (or the person named above for whom I am authorized to make this request).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary insurance holder name: \_\_\_\_\_

Date of Birth of Insurer: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number: \_\_\_\_\_

\_\_\_ My child does not have health insurance, and I have attached/sent \$10 with this form.

**Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

If you have any questions or concerns, please call 785-762-5788.

**Clinic use:**

Today's date: \_\_\_\_\_

Site of injection: R L

Lot #:

Expiration date:

Administered by: \_\_\_\_\_

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.imzize.org/vis](http://www.imzize.org/vis).  
 Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.imzize.org/vis](http://www.imzize.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