Say SHOO to the FLU! PCHD
Parker County Hospital District Outreach Program

FLU Formulario de Consentimiento

Información del paciente

Primer nombre:	MI	Apellido nombre:

Nombre de escuela:

Fecha de nacimiento:	Años:	Genero:	Nombre del profesor:	Grado:
M M / D D / Y Y Y Y		Male / Female		

Paciente Carrera:	Blanco	Afroamericanos	Amer. Indian/ Native American	Hispanic	Alaskan Nativo	Asiático	Otro:

Dirección:	Ciudad:

Celular o Contacto de emergencia Número: ___ ___ – ___

Estado:	Código postal:

Los padres o Guardian Informacion

Primer nombre:	Apellido nombre:	Relación:

Informacion de seguro requerida (Debe marcar la casilla apropiada)

*** NON- PRIVATE ***			Seguro insuficiente:	*** PRIVATE SEGURO ***						
SIN SEGURO	Medicaid: Amerigroup Cooks	AETNA- Medicaid	☐ * cobertura de seguro, pero no cubre la vacuna * seguro sólo cubre seleccione vacunas * seguro de tapas cobertura de la vacuna	Aetna	BCBS	CIGNA	Humana	Medicare	Tri-Care	UHC

Los titulares de tarjetas Nombre:	Los titulares de tarjetas Apellido:	Los titulares de tarjetas fecha de nacimiento:
		M M / D D / Y Y Y Y

ID de miembro:(please include prefix, if any)		Número de grupo:	

Salud y vacunacion, en cuestiones relacionadas

1	Está la persona que recibirá la vacuna enfermo hoy??	Sí	NO
2	Este paciente ha tenido una vida severa o reacción alérgica grave a la vacuna contra la gripe??	Sí	NO
3	Este paciente tiene una alergia a los huevos oa algún componente de la vacuna?	Sí	NO
4	Este paciente ha tenido el síndrome de Guillain-Barré?	Sí	NO

Autorización para la administración de la vacuna contra la Influenza

Estoy proporcionando este formulario de consentimiento a Parker County Hospital District, a fin de que se le pueda dar la vacunación contra la influenza. He leído y comprendido la información que he recibido en relación con los posibles beneficios y efectos secundarios de las vacunas contra la influenza. Por la presente reconozco que en base a la información presentada a mí, yo soy elegible para recibir la vacuna contra la influenza en esta fecha. Me siento bien hoy y yo hace poco no he tenido fiebre. Yo entiendo que no se puede asegurar que la vacunación contra la gripe me dará la inmunidad de contraer cualquier tipo de influenza. Por la presente reconozco que he recibido una copia de la hoja de información sobre la vacuna de la vacuna contra la influenza **2021-2022**. Libero Parker County Hospital District, sus empleados, representantes y agentes de toda responsabilidad por darme la vacunación contra la influenza. Acepto la responsabilidad de buscar atención médica para cualquier problema relacionado con mi recibir la vacuna. He tenido la oportunidad de tener todas mis preguntas contestadas. Yo entiendo que este consentimiento es válido por 6 meses y haré PCHD / escuela tanto de cualquier cambio antes de ser vacunados. Autorizo a PCHD proporcionar documentación de vacunación hoy Escuela de mi hijo.

Siganture del paciente / padre o tutor _____ **Date**

Date_____

***** SOLO PARA USO ADMINISTRATIVO *****

Staff Signature_____

Clinic Location: _____ Date: ___ / ___ / ___

Vaccine Lot: _____ Exp. Date: ___ / ___ / ___

Administered by: _____ Location: RA LA 0.5ml

Vaccine Information Statement
Inactivated Influenza Vaccine
42 U.S.C. § 300aa-26
8/6/2021
OFFICE USE ONLY

Parker County Hospital District Outreach Program
1115 Pecan Drive
Weatherford, Texas 76086
817-458-3254 www.pchdtx.org

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.

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**

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