

# Discount Drug Mart Vaccine Administration and Consent Form

## NDCL High School

### VACCINE RECIPIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ SSN/DL#: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Chronic Conditions: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ PCP Phone Number: \_\_\_\_\_

Race:  White  Black/African American  Hispanic  Asian  American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander  Other: \_\_\_\_\_  Prefer Not to Answer

Ethnicity: Are you of Hispanic, Latino, or Spanish origin?  
 Yes-Please specify: \_\_\_\_\_  No-Not of Hispanic, Latino, or Spanish origin

### VACCINES REQUESTED (circle all that apply):

COVID    Influenza (Flu)    Hepatitis A    Hepatitis B    Hepatitis A & B    Hib    HPV    Meningitis B    Meningitis ACWY  
 MMR    MMR/Varicella    Pneumonia    Polio Td    Tdap    Varicella (Chicken Pox)    Zoster (Shingles)

SCREENING QUESTIONNAIRE FOR IMMUNIZATIONS	YES	NO
1. Are you sick today?		
2. Do you have any allergies to medication, food, latex, yeast, neomycin, gelatin, or any vaccine component? Please list above.		
3. Have you ever had a serious reaction after receiving a vaccine?		
4. Have you ever received a COVID, Hepatitis, MMR, Meningitis, Pneumonia, or Zoster (Shingles) vaccine? If Yes, which vaccine?		
5. Have you had any vaccines administered to you in the past 2 OR 4 weeks?		
6. Do you have asplenia or abnormal spleen function?		
7. Do you have a history of Guillain-Barre syndrome (GBS)?		
8. Do you have a history of thrombocytopenia or thrombocytopenic purpura?		
9. Are you currently taking any anti-viral medication or blood thinners?		
10. Do you, anyone who lives with you, or anyone you take care of: Take cortisone, prednisone, other steroids, anticancer drugs, or x-ray treatments? OR Have cancer, leukemia, AIDS, or any other immune system problems?		
11. During the past year, have you received a transfusion of blood or plasma or been given immune globulin?		
12. Are you pregnant, planning on becoming pregnant in the next month, or breast-feeding?		

For **MEDICARE** or **INSURANCE** recipients: 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 to Discount Drug Mart. If a claim rejects, I will be charged cash. For patient reimbursement, the patient must submit their Cash Receipt to their major medical benefits provider. I have read or have had explained to me the information in the Vaccine Information Statement about the vaccine(s) I circled above. I have had a chance to ask questions that were answered to my satisfaction. I attest that I meet the requirements to receive the selected vaccine(s) to be administered I believe I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) be given to me or the person named below for whom I am authorized to make this request. I agree to receive treatment for any adverse event that may occur after receiving the vaccine(s) while on site. In the event of an accidental post vaccination needle stick to the vaccine administrator, I agree to be contacted for follow up lab work. I have received the VIS Form and the Discount Drug Mart NOPP.    Physician on Record: Julia Bruner, MD MS    2500 MetroHealth Drive Cleveland, OH 44109

**SIGNATURE OF PATIENT (IF PATIENT IS 18 YEARS OF AGE OR OLDER):** \_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN AUTHORIZING VACCINATION (IF PATIENT IS YOUNGER THAN 18 YEARS OF AGE):** \_\_\_\_\_



# 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](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://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 and older, pregnant people, 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.

In an average 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 vaccines

CDC recommends everyone 6 months 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 the influenza viruses believed to be 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 vaccination 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 until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated 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.



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

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## 4. Risks of a vaccine reaction

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- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- 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.

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## 5. What if there is a serious problem?

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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](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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## 6. The National Vaccine Injury Compensation Program

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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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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## 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- 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](http://www.cdc.gov/flu).

