

GIBBONS PHARMACIES L.L.C

Gibbons Pharmacy, Barton's Center Pharmacy, Elfers-Lyon Pharmacy

INACTIVATED INFLUENZA/PNEUMOCOCCAL/TDAP/SHINGLES/PREVNAR

SCREENING QUESTIONNAIRE AND CONSENT FORM

Insurance # _____

Please list primary care physician _____ **NOTIFY Y N**

Please **PRINT** the following information:

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Last Name	First Name	Birth Date	Phone	

Address	City	State	Zip Code

Please answer the following questions. These questions help us determine which vaccines you may receive today. If you answer "yes" to any question, it does not necessarily mean you 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.

	Yes	No	Don't Know
1. Are you sick today or do you have a fever?			
2. Do you have any sensitivities or allergies to foods (gelatin, eggs/egg protein), medications (gentamycin, Neosporin®, polymycin B), vaccine components, or have had a serious reaction to influenza vaccine in the past?			
3. Have you ever had a serious reaction after receiving any vaccination?			
4. Do you have an illness such as cancer, leukemia, AIDS/HIV, or any other immune system problems?			
5. Do you have a long-term health problem such as heart or lung disease, asthma, reactive airways, kidney disease, metabolic disease (e.g. diabetes), blood disease or are you on long-term aspirin-therapy?			
6. Do you take cortisone, prednisone, other steroids, or anti-cancer drugs, or have you had x-ray treatments?			
7. Do you have a seizure, brain, nerve problem, or were you ever diagnosed with Guillain-Barre Syndrome (GBS)?			
8. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?			
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?			
10. Have you received any vaccinations in the past 4 weeks?			

CONSENT AND RELEASE STATEMENT

I have read or have had explained to me the above information and received a copy of the Vaccine Information Statement for the vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of vaccine and request that the vaccine be given to me or to the person named above for whom I am authorized to make this request.

X	
Signature of person to receive vaccine (parent/guardian of minor)	Date

For pharmacy Staff Use Only

Vaccine	Date	Manufacturer & Lot No.	Exp Date	Site	Route	Dose	VIS	Admin By
Influenza				RD LD	IM	0.5cc	08/15/19	
Pneumovax23				RD LD	IM	0.5cc	04/24/15	
TDap				RD LD	IM	0.5cc	02/24/15	
Shingrix				R L	IM	0.5cc	02/12/18	
Prevnar13				RD LD	IM	0.5cc	11/05/15	

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**



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