



Public Health
Prevent. Promote. Protect.

Cedar County Public Health will be administering injectable flu vaccinations to students and staff at North Cedar Community Schools on Thursday, October 24th. The CDC recommends annual influenza vaccinations for everyone 6 months of age and older. By getting a yearly flu vaccine, you can protect yourself and those around you from illness. This is especially important if you have regular contact with people who are more vulnerable to the complications of flu, including: babies, children with asthma, elderly and those who have an impaired immune system. Influenza is a respiratory illness that most often causes fever, headache, extreme tiredness, muscle pain, dry coughing, sore throat and runny nose. In some circumstances, these symptoms can lead to hospitalization or even death.

The cost of this year's vaccine is \$30 payable to Cedar County Public Health by cash or check. There is no out-of-pocket expense for those who are insured by Medicare, Medicaid or Blue Cross Blue Shield. In addition, children 18 years of age and younger who are uninsured will receive the vaccine at no charge through the Vaccines for Children (VFC) program. Please mark these items on the consent form if they apply and be sure to include identification number and policy holder information. A receipt can be provided to anyone paying privately so that the charge can be submitted to other insurance plans for reimbursement if needed.

Parents who wish to have their child receive the vaccine will need to complete the consent form and return it to Lee Kline by Wednesday, October 23rd so that adequate supply is brought to the clinic. We also encourage you to review the vaccine information statement to learn more about the vaccine your child will be receiving. This season's injectable vaccine will include protection against the four strains of influenza that research has indicated will be most common during the 2019-2020 season.

If you prefer for your child to receive a vaccine when you are able to accompany them, public flu clinics will be available for all community members on the following dates and times:

- Stanwood – Tuesday, October 22nd from 1:00-2:30 p.m. at Stanwood Union Church
- Mechanicsville – Tuesday, October 22nd from 3:30-5:00 p.m. at the Senior Dining Location
- Clarence – Thursday, October 24th from 1:00-2:30 p.m. at Clarence City Hall
- Lowden – Thursday, October 24th from 3:30-5:00 p.m. at Lowden Amvets Hall

These community clinics are available for everyone and does not need to be signed up for in advance. Please feel free to contact me at the phone number or e-mail address below if you have any questions or concerns.

Extra flu consents and information forms can be found at: www.cedarcounty.org
For additional information on influenza, you may visit: <http://www.cdc.gov/flu/consumer/>

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ADULT 2019/2020 Influenza Vaccine Consent

Cedar County Public Health*400 Cedar St. Tipton, IA*(563) 886-2226

PATIENT INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	GENDER (circle one): Male Female	
DATE OF BIRTH: ___/___/___			AGE:	PHONE NUMBER:		
STREET ADDRESS:		CITY:	STATE:		ZIP CODE:	
YOUR DOCTOR'S OFFICE (circle one)	Clarence Unity Point	Durant Genesis	Tipton Mercy	Tipton Unity Point	West Branch Mercy	Other: _____

PLEASE ANSWER ALL QUESTIONS

CIRCLE ONE

1. Have you ever had a severe reaction to a previous dose of flu vaccine?	YES	NO
2. Do you have a severe allergy to any components of the flu vaccine? (eggs, gelatin, thimerosal, latex)	YES	NO
3. Are you sick with a fever today?	YES	NO
4. Have you ever had Guillain-Barre Syndrome? (a type of temporary severe muscle weakness)	YES	NO

CONSENT FOR VACCINATION

- The Vaccine Information Statement for the current influenza vaccine has been made available. I understand the risks & benefits.
- I give consent to Cedar County Public Health to vaccinate the person named above with the recommended vaccine for his/her age and to record the vaccination in the Iowa Immunization Registry Information System (IRIS).
- I certify that the information I provided for payment is correct. I authorize release of all records required to act on this request. I authorize Medicare, Medicaid, or Blue Cross Blue Shield to make payments directly to Cedar County Public Health. If payment is denied, I am responsible for the charges.

Patient Signature: **X**

Date: _____

CHOOSE ONE METHOD OF PAYMENT

BLUE CROSS/BLUE SHIELD INSURANCE

IDENTIFICATION NUMBER: _____

NAME OF CARD HOLDER: _____ BIRTH DATE OF CARD HOLDER: ___/___/___

MEDICARE OR MEDICARE ADVANTAGE

IDENTIFICATION NUMBER: _____

MEDICAID OR MCO (If an MCO, circle one: Iowa Total Care or Amerigroup)

IDENTIFICATION NUMBER: _____ NAME OF YOUR PHYSICIAN: _____

\$30 PRIVATE PAY CIRCLE ONE: CASH CHECK *We are not able to accept credit/debit cards*

STOP! THIS SECTION FOR OFFICE USE ONLY

Sticker

I have screened this patient for contraindications

Left Arm

Right Arm

Nurse's Signature: _____

Date: _____

Payment info received	Entered in IRIS	Entered on spreadsheet	Entered in Nightingale	Billed	Payment received
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CHILD 2019/2020 Influenza Vaccine Consent

Cedar County Public Health*400 Cedar St. Tipton, IA*(563) 886-2226

PATIENT INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	GENDER (circle one): Male Female	
DATE OF BIRTH: ___/___/___			AGE:	PHONE NUMBER:		
STREET ADDRESS:		CITY:		STATE:	ZIP CODE:	
YOUR DOCTOR'S OFFICE (circle one)		Clarence Unity Point	Durant Genesis	Tipton Mercy	Tipton Unity Point	West Branch Mercy
		Other:				

PLEASE ANSWER ALL QUESTIONS

CIRCLE ONE

1. Has the child ever had a severe reaction to a previous dose of flu vaccine?	YES	NO
2. Does the child have a severe allergy to any components of the vaccine? (eggs, gelatin, thimerosal, latex)	YES	NO
3. Is the child sick with a fever today?	YES	NO
4. Has the child ever had Guillain-Barre Syndrome? (a type of temporary severe muscle weakness)	YES	NO

CONSENT FOR VACCINATION

- The Vaccine Information Statement for the current influenza vaccine has been made available. I understand the risks & benefits.
- I give consent to Cedar County Public Health to vaccinate the person named above with the recommended vaccine for his/her age and to record the vaccination in the Iowa Immunization Registry Information System (IRIS).
- I understand that if my child is younger than 9 years of age and has not had two previous doses of influenza vaccine he/she will require a second dose of the vaccine this season. I am responsible for ensuring that my child receives the second dose.*
- I certify that the information I provided for payment is correct. I authorize release of all records required to act on this request. I authorize Medicare, Medicaid, or Blue Cross Blue Shield to make payments directly to Cedar County Public Health. If payment is denied, I am responsible for the charges.

Parent/Guardian Signature: **X**

Date:

CHOOSE ONE METHOD OF PAYMENT

BLUE CROSS/BLUE SHIELD INSURANCE

IDENTIFICATION NUMBER: _____

NAME OF CARD HOLDER: _____ BIRTH DATE OF CARD HOLDER: ___/___/___

MEDICAID/MCO (If an MCO, circle one: Iowa Total Care or Amerigroup) **UNINSURED**

IDENTIFICATION NUMBER: _____ NAME OF YOUR PHYSICIAN: _____

\$30 PRIVATE PAY CIRCLE ONE: CASH CHECK *We are not able to accept credit/debit cards*

STOP!

Sticker

FOR OFFICE USE ONLY

Sticker

<input type="radio"/> I have screened this patient for contraindications			SECOND DOSE IF REQUIRED		
Nurse's Signature:			Nurse's Signature:		
Date:			Date:		
<input type="radio"/> Left arm	<input type="radio"/> Right arm	<input type="radio"/> Left thigh	<input type="radio"/> Right thigh	<input type="radio"/> Left arm	<input type="radio"/> Right arm
<input type="radio"/> Left thigh	<input type="radio"/> Right thigh	<input type="radio"/> Left arm	<input type="radio"/> Right arm	<input type="radio"/> Left thigh	<input type="radio"/> Right thigh
Payment info received	Entered in IRIS	Entered on spreadsheet	Entered in Nightingale	Billed	Payment received