



Chippewa County Health Department
Sault Health Adolescent Care Center



Providing Flu Shots at SHACC

Tuesday, October 6

7:30 am - 3:30 pm

- Each student must have the flu shot consent form and the MCIR Immunization Notice form completed and signed by parent/guardian *or immunization will not be given.*
- Students are to bring both forms to the SHACC during the time stated above.
- Include insurance information *or* \$10.00 (checks payable to Chippewa County Health Department) if no insurance. No student is denied service based on inability to pay.
- Please call SHACC at 906 632-5690 with any questions.

VFC Influenza Administration Record

I have read or have had explained to me the information in the attached Vaccine Information Statement. I understand the benefits of the influenza vaccine and ask that the vaccine(s) be given to the person named below for whom I am authorized to make this request. (Date of vaccine information statement 01/31/2025).

First Name _____ M.I. _____ Last Name _____ Sex M F

Birthdate _____ Telephone # _____

Address _____
Street/PO Box Number City State ZIP

Responsible Party: First Name _____ Last Name _____

Address (if different than student) _____
Street/PO Box Number City State ZIP

INSURANCE INFORMATION (check one)

☐ Medicaid - ID Number: _____	☐ UPHP	☐ Straight	
☐ Self Pay - \$10.00 (student)	☐ Uninsured	☐ Underinsured	☐ American Indian/Alaska Native
☐ Blue Cross/Blue Shield (attach copy of insurance card)	Subscriber: _____	Date of Birth: _____	
☐ Other Insurance (attach copy of insurance card)	Subscriber: _____	Date of Birth: _____	

CONSENT AND ASSIGNMENT OF BENEFITS AGREEMENT

(Statement to permit payment of benefits to CCHD and allow for administration of vaccine)

I request that CCHD administer the influenza vaccination and I further request that payment of authorized benefits be made to CCHD on my behalf for any services furnished me.

I authorize CCHD to release any medical information needed to determine these benefits for related services.

Signature of parent or guardian or person authorized to make the request.

Date:

*****The questions on page 2 of this form must be completed.*******

Screening Questionnaire for Childhood and Adult Immunizations

The following questions will help determine which vaccines may be given today. If the answer is "yes" to any questions below, it does not necessarily mean the person should not be vaccinated. It just means additional questions may be asked.

Questions to be asked before administering any vaccines:

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the person to be vaccinated have a long-term health problem with heart, lung or kidney disease, asthma, metabolic disease (i.e. diabetes), anemia, or other blood disorder?	☐	☐	☐
5. Is the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
6. Does the person to be vaccinated smoke cigarettes?	☐	☐	☐
7. In the past 3 months, has the person to be vaccinated taken cortisone, prednisone, other steroids, aspirin or aspirin containing products, anticancer drugs, or had radiation (x-ray) treatments?	☐	☐	☐
8. Has the person to be vaccinated had a seizure or other nervous system problem.	☐	☐	☐
9. Is the person to be vaccinated a healthcare worker.	☐	☐	☐
10. Has the person to be vaccinated received a transfusion of blood or blood products or been given a medicine called immune (gamma) globulin or an antiviral drug in the past year?	☐	☐	☐
11. Is the person to be vaccinated pregnant or is there a chance of pregnancy during the next month?	☐	☐	☐
12. Does the person to be vaccinated travel internationally?	☐	☐	☐

Adapted from the Screening Questionnaire for children and teen immunization, screening questionnaire for adult immunization, screening questionnaire for intranasal influenza vaccination, screening questionnaire for injectable influenza vaccination

FOR SHACC USE ONLY

Lot/Expire Date

Site

Signature

R / L

MDHHS-6310, MICHIGAN CARE IMPROVEMENT REGISTRY (MCIR) IMMUNIZATION NOTICE

Michigan Department of Health and Human Services (MDHHS)
Division of Immunization
(Revised 3-26)

The Michigan Care Improvement Registry (MCIR) provides a place for your immunization history to be stored confidentially. MCIR is used as a tool and can help providers accurately determine if a vaccine is needed based on the recorded immunization history. MCIR collects and combines immunization information for Michigan residents of all ages. Information in MCIR is confidential and all MCIR users are held to strict security and confidentiality requirements.

Having immunization data in MCIR can:

- Prevent harmful delays in medical care.
- Prevent over or under vaccination for a person (i.e. missing a vaccine or getting a repeated dose).
- Reduce healthcare burden by providing an accurate immunization history for providers to base their recommendations.

You have the right to object to having your child's immunization(s) reported to MCIR, which is otherwise required by MCL 333.9209. Remember, if immunization information is not stored in MCIR, your provider might not have access to a complete immunization history, and it will be essential for you to keep your child's immunization record for future medical visits, schooling or possible employment opportunities.

An immunization history can be printed by a healthcare provider. For those 18 years or older, you can print your immunization record yourself from the secure MCIR Public Portal.

By signing this form, I acknowledge that I have received the form.

Signature	Date
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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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 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.

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. Women 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.



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CONTROL AND PREVENTION**

4. Risks of a vaccine reaction

- 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.

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 members 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. 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 or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- 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.
- 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.

