



WelCore Health, LLC. 718 Oak Street, Grand Forks, ND 58201-4460
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Print Name (required): Last Name: _____ First Name: _____ Middle Initial: _____			Date of Birth: _____/_____/_____	Age: _____/_____/_____	Circle one: Male _____ Female _____	Native American or Alaska Native? (circle) Yes _____ No _____	We accept insurance from: <u>Aetna</u> <u>Blue Cross Blue Shield (any state)</u> Blue Plus Federal Employee Program NDPERS: ND Public Employee Retirement System Preferred Blue SelectChoice EPNI: Employer Provider Network <u>CCStpa</u> <u>Cigna</u> <u>Health Partners</u> <u>Humana</u> Choice Care Network <u>Medica</u> <u>Medicaid</u> <u>Medicare</u> <u>Medicare Advantage</u> <u>Preferred One</u> <u>Railroad Medicare</u> <u>Sanford Health</u> <u>TRICARE</u> <u>United Health Group</u> <u>Vaccines for Children (VFC)</u> We provide free vaccine and low cost vaccine administration for eligible children including uninsured, underinsured, Native American and Alaska Native.
Mailing Address: _____ _____ _____		City: _____	State: _____	Phone #: Can we text or e-mail you with questions? Yes _____ No _____ E-mail or Phone Number (include area code): _____			
9 Digit Zip Code: _____-_____-_____							
TO DETERMINE PAYMENT: Please check appropriate box below. <input type="checkbox"/> Medicaid Number _____ <input type="checkbox"/> MEDICARE PART B _____ <input type="checkbox"/> No Insurance. *For uninsured <u>children</u> we request a \$20.99 donation to cover vaccine administration. *No child will be turned away regardless of the ability to pay for vaccine administration. (cash or check, payable to WelCore Health) <input type="checkbox"/> Insured – my <u>insurance pays</u> for flu vaccine. If your insurance company is not listed, we require payment at the time of the vaccine. You will be given a receipt to file with your insurance company.							
POLICY HOLDER INFORMATION: Policy Holder Name (Last, First, MI) _____ Date of Birth: _____ Circle one: Male _____ Female _____ Policy Holder Relationship to person being vaccinated: _____ Insurance Company Name: _____ Policy Number: _____ Tricare: Social Security Number or DoD#: _____							
Please circle a response.							
Yes	No	Has the person to be vaccinated had a serious reaction to flu vaccine in the past? Describe Symptoms: _____					
Yes	No	Has the person to be vaccinated has Guillain-Barre Syndrome? _____					
Yes	No	Children 6 months – 8 years: Has your child received a total of at least 2 doses of flu vaccine in the past? If no or unknown give 2 doses four weeks apart. If yes, give 1 dose.					
ACKNOWLEDGEMENT, AUTHORIZATION & ASSIGNMENT OF BENEFITS: A copy of the Vaccine Information Statement has been provided. I have read the information about influenza and flu vaccine. I had an opportunity to ask questions and believe I understand the benefits and risks of the vaccine. I consent to the administration of the vaccine to be given to the person named above and I am authorized to give this consent. Information collected on this form will be used to document authorization of receipt of vaccine and I consent to the exchange of this information with the ND Immunization Information System and with other entities in accordance with ND Century Code 23-01-05.3. As an individual I am legally obligated to pay for medical services provided to the client or a guarantor of payment, I agree to pay and am financially responsible for the established charges provided to the client not covered by third-party payers. I assign and authorize any third party payer/insurer to make direct payment to WelCore Health. I authorize the release of any medical or other information necessary to process this claim. I acknowledge that I have been provided with WelCore's Notice of Privacy Practices. It is available on line at www.welcorehealth.com .							
SIGNATURE OF PATIENT OR LEGAL GUARDIAN _____ DATE _____							
OFFICE USE ONLY:							
Vaccine	Route	Vis Date	Mfg.	Lot Number	State or Private	Admin. Site	Nurse's Initials
Influenza Inactive	IM	08/07/2015				RD LD RT LT	
Tdap	IM	02/24/2015	GSK Merck			RD LD	
HBV	IM	07/20/2016	GSK Merck			RD LD	
Assessment/ Teaching Nurse: _____ Does the person to be vaccinated feel ill today? Yes No							
Comments: _____							

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine

(Inactivated or Recombinant):

What you need to know

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu 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.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

Main Vaccine Information Statements are available in Spanish and other languages. See www.imzimmz.org/viis for information about vaccine safety and effectiveness in Spanish or other languages. Visit www.imzimmz.org/viis

There is no live flu virus in flu shots. **They cannot cause the flu.**

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. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
 - illnesses that look like flu but are not.
- It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barre Syndrome (also called GBS).** Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

If you are not feeling well.

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barre Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- 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. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

FLU INJECTION

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- 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 website at www.cdc.gov/flu

Vaccine Information Statement Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

