



**Protect yourself against the Flu!!!
Save the Date (registration info coming soon)**

**Sudbury Health Department SENIOR (65 years and older) and Children (5years-18 years)
Flu Shot Clinic**

Where: DPW Building 275 Old Lancaster Road

When: Tuesday Nov. 17th (SENIORS) from 1-3pm

Wednesday Nov. 18th (CHILDREN)1pm-3pm

(snow date Thursday 19th 1-3pm)

The Sudbury Health Department will be holding 2 more curbside Flu Clinics. Spaces are limited. Please go to www.sudbury.ma.us/health to register or for Seniors call the Senior Center at 978-443-3266. Due to COVID-19 we ask that residents who are having symptoms or are in the process of isolating/quarantining and have signed up to please call 978-440-5479 to cancel your appointment. If you are symptomatic and have not been tested, please call 211 (COVID Hotline).

In order to expedite the flow of the curb-side clinic we require that residents complete and adhere to the following:

- Register for Flu Clinic either on line or call Senior Center
- Stay at home and cancel your appointment if you are sick. You will be screened prior to vaccination for illness.
- Bring and wear masks throughout the clinic (all present in the vehicle – even if not receiving a shot)
- Bring your own pen.
- Bring photo copies of Insurance card(s). Private, Medicare and Supplemental.
- Bring your own snacks for recovery purposes. We will not be providing food or drink.
- Wear short sleeves.
- Position yourself in the vehicle so that the desired arm to receive the shot is closest to a window.
- Stay in the vehicle at all times. Park in the designated spot for Flu Clinic cars (will be clearly marked)
- Arrive at scheduled time. Early arrivals will be turned away.

**Any Questions Please Contact:
Sudbury Health Dept. 978-440-5479 or health@sudbury.ma.us**



2020-2021 Sudbury Board of Health Influenza Form

2020-2021 INFLUENZA INSURANCE FORM TOWN OF SUDBURY MA

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much of this form as possible using existing information.

Information below about the person to receive vaccine (please print): **Required Fields***

Name: (Last, First, MI)*		Date of birth: * ____/____/____ Month Day Year		Age*	Gender: (Circle)* Male Female Other
Street Address:*					
City:*	State: *	Zip:*	Phone: * ()		

Insurance Information: *Include the whole member ID number and any letters that are part of that number*

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)
Medicare Number:	Is Medicare Primary? Yes No	Is Subscriber Employed? Yes No

If person getting vaccinated is not the subscriber, please complete the following:

Subscriber's Name: (Last, First, MI)*		Subscriber's Date of Birth: * ____/____/____ Month Day Year		Gender: (Circle)* Male Female Other
Subscriber's Street Address: * (If different from address above)				
City:*	State:*	Zip: *	Phone: * ()	
Patient Relationship to Subscriber: (Circle)* Spouse Child Other				

I give permission for my insurance company to be billed. Your information will be entered into the Massachusetts Immunization Information System (MIIS) as required by law. The MIIS is a confidential, computerized statewide immunization tracking system. Immunization records may be shared with health care providers, school nurses, local boards of health and state agencies concerned with immunization. You can choose to restrict who may see your shot information in the MIIS at any time

X _____ Date: _____



For Clinic/Office Use Only:

Signature of Vaccine Administrator: _____

Date of Service	Vax Type	Vax Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied	Preserv Free	Injection Route (Circle)	Injection Site (Circle)	Date On VIS	Date VIS given
					.5ml	No	Yes	IM	L Arm R Arm	8/15/19	Same as the date of service

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**



Office use only