OnSiteCare
Affordable Healthcare at Work

Patient Name_____ DOB_____ Age_____ Phone # (_____)_____

Home Address_____City_____State_____Zip_____ Sex M F

Email_____ Employer_____

Please check one: Is the patient an Employee Spouse Dependent Other

Insurance Information: Please Circle Plan

Select Health Meritain PEHP UHC/UMR Wellmark BCBS Cigna Altius Aetna No Insurance Other_____.

Policy Holder's Name_____ DOB _____Policy #_____

Yes	No	
○	●	**Is this a <u>first in a lifetime</u> flu shot?**
○	●	**Has there been a serious problem with a previous flu shot?**
○	●	**Are you ill with a fever, chills, fatigue, muscle or body aches, headache, congestion, runny nose, sore throat, cough, shortness of breath, loss of taste or smell, nausea or vomiting, diarrhea today?**
○	●	**Is there an allergy to eggs, gentamicin, gelatin, or arginine?**
○	●	**Is there a history of Guillain-Barré Syndrome?**

NOTE: <u>Policy holder may be billed at a later date for uncovered cost of copay for vaccination.</u>

I certify that the information given by me is correct. I authorize release of all records to act on the request to bill my insurance. I request payment of authorized benefits be made to OnSite Care Clinics. I attest that I am not currently enrolled in any HMO , which prohibits authorization. **<u>I agree to pay for any immunization(s) received or co-payment , which are not covered by my primary insurance.</u>** I have been given and read or have had explained to me, the information in the Vaccine Information Statement(s), vaccine and/or medication information sheets about the vaccine(s) and/or medication and the related disease below. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines and/or medication. I request the vaccine(s) and/or medication be given to the person named above for whom I am authorized to make this request. Physician signature on file: Anthony Musci. NPI # 1205853173 Place of service code- 11 OnSite Care Clinics 560 S. 300 E. Suite 275 SLC, UT 84111

Vaccine	Patient Initials	Date	VIS Date	Dose/RT	ICD-10	Site	Lot #	Exp. Date	MA Signature	Follow up due
Influenza 36 months to adult CPT 90686-90471			08/15/19	0.5 cc IM	Z23		Place Label	06/30/21		
Influenza 6 -35 Months CPT 90687-90471			08/15/19	0.25 cc IM	Z23		Place Label	06/30/21		

Signature of Patient/Guardian_____ Date _____

Revised Onsite Care 8/25/2019

VACCINE INFORMATION STATEMENT

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**

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention