

## **Flu Mist is Safe, Effective and Free\*!**

Attention Parents/Guardians:

Once again, it's time to register your child for Flu Mist. Flu Mist is an influenza vaccine that is a gentle mist sprayed into the nose. It's a safe and effective way of preventing the flu in your child and in the rest of your family.



\*All students will be offered the Flu Mist nasal spray vaccine at **NO COST TO THEIR FAMILIES!** However, if your child has health insurance, we are required to collect that information and bill the company for the vaccine. There will be no co-pay or deductible due. Children without insurance will receive the vaccine for free through the Vaccines for Children program. Your child's health insurance status will stay confidential.

**Take advantage of this program by:**

- **Reading** the Vaccine Information Statement and the Notice of Privacy **AND**
- **Filling out** the consent form, attached, and returning it to your child's school, fax to (352) 334-7947, or EMAIL it to; [SLIV@flhealth.gov](mailto:SLIV@flhealth.gov), within 14 days of receipt.  
**(Please note that e-mailing may not be a secure method of communication)**

**Home schooled and Virtual learning children may also receive the FluMist at the school on the scheduled date.**

Your school will let you know when your child will be receiving FluMist.

Staff will review your child's form to determine if s/he can receive FluMist. You will be contacted if your child is ineligible to receive the mist. If your child cannot get FluMist, we strongly recommend you arrange for a flu shot as soon as possible.

### **VACCINATING CHILDREN CAN PROTECT THEM AND YOUR FAMILY FROM FLU ALL YEAR**

- Vaccinating school children can stop the spread of flu infections, creating "**Community Immunity.**"
- The best way to prevent the flu is to get a flu vaccine *every year.*
- The FluMist vaccine protects against four different types of flu.

***Please, complete the consent form even if you do not want your child to participate!***

**For more information, visit our website at [Controlflu.com](http://Controlflu.com) or contact the Health Department at (352) 334-7916.**



# 2022-2023 Seasonal Flu Mist Vaccine Consent Form

## THIS FORM MUST BE RETURNED

PLEASE COMPLETE THE INFORMATION BELOW (Unreadable and incomplete forms may not be accepted.)

|   |                         |                              |              |
|---|-------------------------|------------------------------|--------------|
| Full, Legal Name of Student (First Name Middle Initial. Last Name) PLEASE PRINT |                         | Name of School               |              |
| Parent/Guardian Name (First Name Middle Initial. Last Name)                     | Relationship to Student | Homeroom Teacher             | Grade        |
| Street Address  | Email Address           | Birth Date (month/date/year) | Age Sex      |
| City:   | Zip Code                | Home Phone #                 | Cell Phone # |

Demographic Information: (Circle one) White American Indian/Native Alaskan Black Asian Hispanic Other

INSURANCE  MEDICAID (Prestige, UHC Community, StayWell/Wellcare, & Sunshine)  MY CHILD DOES NOT HAVE HEALTH INSURANCE

The current health care laws require us to bill your insurance company for the vaccine. You will not be billed, and there will be no co-pay or deductible due. The service is offered at no cost to you! As always, answers are confidential. Please fill out the following questions regarding your child's health insurance plan:

|                                 |                                |
|---------------------------------|--------------------------------|
| Insurance Company/Medicaid Plan | Member ID:                     |
| Policy Holder's Name:           | Policy Holder's Date of Birth: |

### HEALTH QUESTIONS: CHECK YES OR NO FOR EACH QUESTION

| Yes                      | No                       | Question   |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do any of the following apply to your child? <i>(If you answer YES, your child cannot receive FluMist unless approved by your child's doctor)</i> <ul style="list-style-type: none"> <li>Allergy to gelatin, chicken eggs or egg products</li> <li>Life threatening reaction(s) to flu vaccine in the past</li> <li>Currently receiving aspirin or aspirin-containing therapy</li> <li>Currently has active asthma (regularly taking asthma medication)</li> <li>Has had Guillain-Barre syndrome (very rare)</li> <li>Is pregnant or nursing/breastfeeding</li> <li>Has HIV/AIDS or cancer or has received an organ transplant</li> <li>Has long-term health problems with weakened immune system, heart disease, lung disease (e.g. cystic fibrosis), liver disease, kidney disease, or metabolic disorders (e.g. diabetes) or blood disorders (e.g. sickle disease or thalassemia)</li> <li>Has other severe chronic health conditions</li> </ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Will your child have close contact with a person with a severely weakened immune system? <i>(For example, a protective sterile hospital environment for bone marrow transplant)</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Between July, 2022, and Dec. 2022, has/will your child receive one of the following vaccines: MMR, MMRV, and/or Chicken pox vaccine (VZV)?  |

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S HEALTH CARE PROVIDER OR CALL THE ALACHUA COUNTY HEALTH DEPARTMENT TO SPEAK WITH A NURSE AT; 352-334-7950

I have received, read, and understand the CDC Vaccine Information Statement for the live attenuated intranasal flu vaccine (FluMist) and the Notice of Privacy Practices. I have read these documents and understand the risk and benefits of the FluMist vaccine. I give permission to the State of Florida, Department of Health to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Florida Department of Health policies, to assure optimal healthcare for my child.

YES, I Want To Help Protect My Child, Family And Community From Flu By Allowing My Child To Receive FluMist!

NO, I do not want my child to receive the FluMist Vaccine at school, because \_\_\_\_\_  
*(Optional)*

\_\_\_\_\_  
Printed Name of Parent/Guardian Signature of Parent/Guardian Date

|   |  |
|---|--|
| <b>AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION</b>  |  |
| MedImmune (MED)<br>FluMist, Intranasal (NAS), 0.2ml<br>VIS: 08/6/2021<br><br>Date Given: _____<br><br>Signature/Title _____ | Vaccine Lot # & Expiration Date Label<br><br>Nurse/clinic notes; |

Notes: \_\_\_\_\_

**Please return to the school, FAX to (352) 334-7947, or EMAIL to; SLIV@flhealth.gov**  
**(Please note that e-mailing may not be a secure method of communication)**



# NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION  
PLEASE REVIEW IT CAREFULLY

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person:

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. The Department of Health can act as each of the above business types. This medical information is used by the Department of Health in many ways while performing normal business activities.

Your protected health information may be used or disclosed by the Department of Health for purposes of treatment, payment, and health care operations. Health care professionals use medical information in the office or hospital to take care of you. Your protected health information may be shared with or without your consent, with another health care provider for purposes of your treatment. The Department of Health may use or disclose your health information for case management and services. The Department of Health clinic or hospital may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided you.

Your information may be used by certain department personnel to improve the department's health care operations. The department also may send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. These circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the department's divisions, bureaus, and offices.
- Investigations and audits by the state's Inspector General and Auditor General, and the legislature's Office of Program Policy Analysis and Government Accountability.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.
- Distinct medical examiner investigations.
- Research approved by the department.
- Court orders, warrants, or subpoenas.
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Other uses and disclosures of your protected health information by the department will require your written authorization. These uses and disclosures may be for marketing and for research purposes, certain uses and disclosure of psychotherapist notes, and the sale or disclosure of health information resulting in remuneration to the Department of Health.

This authorization will have an expiration date that can be revoked by you in writing.

### INDIVIDUAL RIGHTS

You have the right to request the Department of Health to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The department is not required to agree to any restriction.

You have the right to be assured that your information will be kept confidential. The Department of Health will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

You have the right to inspect and receive a copy of your protected health information that is maintained by the Department of Health within 30 days of the Department's receipt of your request to obtain a copy of your protected health information. You must complete the Department's authorization to Disclose Confidential Information form and submit the request to the county health department or Children's Medical Services office. If there are delays in getting you the information, you will be told the reason for the delay and the anticipated date when you will receive your information.

Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law.

If you choose to receive a copy of your protected health information, you have the right to receive the information in the form or format you request. If the Department cannot produce it in that form or format, it will give you the information in a readable hard copy form or another form or format that you and the Department agree to.

The Department cannot give you access to psychotherapy notes or certain information being used in a legal proceeding. Records are maintained for specified periods of time in accordance with the law. If your request covers information beyond that time the Department is required to keep the record, the information may no longer be available.

If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the department.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. The Department of Health may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the department.
- Is not protected health information.
- Is by law not available for your inspection.
- Is accurate and complete.

If your correction is accepted, the department will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The department may respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures the Department of Health may have made of your protected health information. This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures to health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.
- Disclosures prior to April 14, 2003.

This summary does include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6 year period from the date of your request.

If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

The Department of Health may mail or call you with health care appointment reminders.

### DEPARTMENT OF HEALTH DUTIES

The Department of Health is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how the department keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. The department has the responsibility to notify you following a breach of your unsecured protected health information.

As part of the department's legal duties, this Notice of Privacy Practices must be given to you. The department is required to follow the terms of the Notice of Privacy Practices currently in effect.

The Department of Health may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy practices will be posted on the Department of Health website at <http://www.floridahealth.gov/about-the-department-of-health/department-of-health-privacy-practices-and-stakeholder-engagement.html> and will be available by email and at all Department of Health buildings. Also available are additional documents that further explain your rights to inspect and copy and amend your protected health information.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03 Tallahassee, FL 32309-1704 telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW/ Washington, D.C. 20201 telephone 202-619-0257 or toll free 877-696-6173.

The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Department of Health will not retaliate against you for filing a complaint.

### FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, to the director or administrator of the Department of Health facility where you received the notice, or to the Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03 Tallahassee, FL 32309-1704/ telephone 850-245-4141.

### EFFECTIVE DATE

This Notice of Privacy Practices is effective beginning July 1, 2013, and shall be in effect until a new Notice of Privacy Practices is approved and posted.

### REFERENCES

"Standards for the Privacy of Individually Identifiable Health Information," Final Rule, 45 CFR Part 160 through 164, Federal Register, Volume 67 (August 14, 2002).

"Standards for the Privacy of Individually Identifiable Health Information," Final Rule, 45 CFR Part 160 through 164, Federal Register, Volume 67 (August 14, 2002).

DH9006-SSC-092017



# Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.imz.unz.edu/vis](http://www.imz.unz.edu/vis).  
 Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.imz.unz.edu/vis](http://www.imz.unz.edu/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 people, 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. Live, attenuated influenza vaccine

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.

Live, attenuated influenza vaccine (called "LAIV") is a nasal spray vaccine that may be given to non-pregnant people 2 through 49 years of age.

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.

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:

- Is younger than 2 years or older than 49 years of age
- Is pregnant. Live, attenuated influenza vaccine is not recommended for pregnant people
- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies
- Is a child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin- or salicylate-containing products
- Has a weakened immune system
- Is a child 2 through 4 years old who has asthma or a history of wheezing in the past 12 months
- Is 5 years or older and has asthma
- Has taken influenza antiviral medication in the last 3 weeks
- Cares for severely immunocompromised people who require a protected environment
- Has other underlying medical conditions that can put people at higher risk of serious flu complications (such as lung disease, heart disease, kidney disease

like diabetes, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders)

- Does not have a spleen, or has a non-functioning spleen
- Has a cochlear implant
- Has a cerebrospinal fluid leak (a leak of the fluid that surrounds the brain to the nose, throat, ear, or some other location in the head)
- Has had Guillain-Barré Syndrome within 6 weeks after a previous dose of influenza vaccine

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

For some patients, a different type of influenza vaccine (inactivated or recombinant influenza vaccine) might be more appropriate than live, attenuated 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.

## 4. Risks of a vaccine reaction

- Runny nose or nasal congestion, wheezing, and headache can happen after LAIV vaccination.
- Vomiting, muscle aches, fever, sore throat, and cough are other possible side effects.

If these problems occur, they usually begin soon after vaccination and are mild and short-lived.

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](http://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.hhsa.gov/vaccinecompensation](http://www.hhsa.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](http://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](http://www.cdc.gov/flu)



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

Vaccine Information Statement  
Live, Attenuated Influenza Vaccine

42 U.S.C. § 300aa-26  
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