

Vacuna contra la gripe para todas las edades

Apellido _____ **Primer Nombre** _____ **In. Seg.** _____
Fecha de nacimiento (MM / DD / AAAA) ____ / ____ / _____ **Edad** _____ **Sexo:** Masculino Femenino
Dirección _____ **Apto. #** _____
Ciudad _____ **Estado** _____ **Código Postal** _____ **Teléfono particular (____) _____ - _____**
Teléfono celular (____) _____ - _____ **Número de seguridad social** _____
Origen étnico: Hispano No hispano **Raza:** Indio americano / nativo de Alaska Asiático Negro/afroamericano Nativo de Hawái / otra isla del Pacífico Blanco Otros
Tabaquismo: ¿Es usted un fumador? Sí No ¿Convive con un fumador? Sí No
Idioma preferido _____ **Estado civil** _____ **mayor nivel educativo que ha alcanzado** _____

Por favor, responda todas las preguntas.			
	Sí	No	No sabe
1. ¿El paciente está enfermo ahora?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 1. ¿La persona que se va a vacunar tiene alergia a medicamentos, látex, huevos o un componente de la vacuna? Alérgico a:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿El paciente tuvo alguna reacción grave después de colocarse la vacuna contra la gripe anteriormente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿La persona que se va a vacunar tuvo el síndrome de Guillain-Barré?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Información del seguro: Care Source Molina Medicaid Otros _____
 Información de la tarjeta del seguro: Número de póliza _____
 Número de teléfono _____ Dirección reclamo de seguros _____

No tengo seguro de salud Ingresos del hogar _____ Personas en el hogar _____
 Para la vacuna de coalición: Mis ingresos son de \$21,774 o menos por persona o de \$29,470.50 o menos para el hogar (menos del 185 % del nivel de pobreza). No puedo pagar los servicios prestados (firme aquí para obtener una exención por dificultades). _____

AUTORIZACIONES Y DECLARACIONES

1) Autorizo al personal y/o a los médicos del Departamento de Salud Pública de Columbus a brindar todos los servicios que sean necesarios para diagnosticar y/o tratar al paciente mencionado anteriormente. 2) Comprendo que puedo solicitar un acompañante clínico (un tercero) para que esté presente durante el examen. 3) También comprendo que cualquier atención que reciba fuera del Departamento de Salud Pública de Columbus (p. ej., radiografías, atención de especialistas) no será pagada por el Departamento de Salud Pública de Columbus. 4) Autorizo la divulgación de información médica o de otro tipo que sea necesaria para procesar el reclamo para facturación. Acepto pagar mi copago de cualquier cargo que no cubra el seguro o los subsidios. 5) Certifico que la información proporcionada es verdadera y correcta a mi mejor saber y entender. 6) Confirmando que revisé y corroboré mi información de paciente. 7) Declaraciones del Aviso de privacidad: Recibí una copia del Aviso de privacidad hoy o en mi primera visita al Departamento de Salud Pública de Columbus.

Firma: _____ **Fecha:** _____

No escriba en el área gris que figura a continuación: para uso exclusivo del Departamento de Salud.

NG encounter# _____				Funding Source (circle one)		
WIC: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/E						
CPT Code	Seq #	Vaccine	ICD-10	VFC Admin Fee	ODH No charge	Private charge
90672		FluMist Quadrivalent	Z23	\$21.00	N/A	N/A
90686		Fluarix Quadrivalent	Z23	\$21.00	NC	\$27.00
90686		Fluzone Quadrivalent	Z23	\$21.00	N/A	\$27.00
90686		Flulaval Quadrivalent	Z23	\$21.00	NC	\$27.00
90682		Flublock	Z23	\$21.00	NC	\$62.00
90662		Flu High Dose 65+	Z23	N/A	N/A	\$62.00

Lot # _____ **EXP.** _____ **Site:** LD LVL RD RVL
Nurse Signature _____ **Date** _____ **Today's Charge** _____

Information for Health Professionals about the Screening Checklist for Contraindications to Inactivated Influenza Vaccine

1. Is the client sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?

Allergic reactions to any vaccine component can occur. The majority of reactions probably are caused by residual egg protein. Although most current influenza vaccines contain only a very small quantity of egg protein, this protein can induce immediate allergic reactions among people who have severe egg allergy.

An egg-free recombinant vaccine (RIV3) may be used in people age 18 years and older with egg allergy of any severity who have no other contraindications. If RIV3 is not available, or if the person is younger than age 18 years (does not meet the age criteria for RIV3) and has experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, that person should have IIV administered by a physician with experience in the recognition and management of severe allergic conditions.

Some people who report allergy to egg might not be egg allergic.

If a person can eat lightly cooked eggs (e.g., scrambled eggs), they are unlikely to have an egg allergy. However, people who can tolerate egg in baked products (e.g., cake) might still have an egg allergy. If the person develops hives only after eating eggs, CDC recommends they receive either inactivated influenza vaccine (IIV) or, if age-eligible, RIV3 (not LAIV). If IIV is to be administered, CDC further recommends the vaccine recipient be observed for at least 15

minutes after receipt of the vaccine for signs of a reaction.

Fluzone (sanofi pasteur) contains gelatin as a stabilizer; therefore a history of anaphylactic reaction to gelatin is a contraindication. Some inactivated influenza vaccines contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines. Check the package insert at www.immunize.org/package-inserts for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Some vaccines also contain latex in the prefilled syringe

cap which may cause allergic reactions in latex sensitive people. Check the package inserts at www.immunize.org/package-inserts for information on which vaccines are affected, or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf.

3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.

4. Has the person to be vaccinated ever had Guillain-Barré syndrome?

It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications (see source 3) and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

sources

1. CDC. Epidemiology & Prevention of Vaccine-Preventable Diseases, Hamborsky

J, Kroger A, Wolfe S, eds. 13th ed. at www.cdc.gov/vaccines/pubs/pinkbook/index.html.

2. CDC. General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP) at www.cdc.gov/vaccines/hcp/acip-recs.

3. CDC. “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), United States, 2015–16 Influenza Season” at www.cdc.gov/mmwr/pdf/wk/mm6430.pdf, pages 818–825.

Immunization Action Coalition • www.immunize.org • www.vaccineinformation.org

Vaccine	Contains	Latex
Fluarix	octoxynol-10 (Triton X-100)-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sucrose, phosphate buffer	NO
Fluzone	formaldehyde, octylphenol ethoxylate (Triton X-100), gelatin (standard trivalent formulation only), thimerosal (multi-dose vial only), egg protein, phosphate buffers, sucrose	NO
Flulaval	ovalbumin, formaldehyde, sodium deoxycholate, α-tocopheryl hydrogen succinate, polysorbate 80, thimerosal (multi-dose vials), phosphate-buffered saline solution	NO
Flublok	derived from recombinant DNA, HA protein only, preservative and antibiotic free	NO