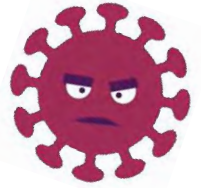


FREE COVID-19 & FLU VACCINATIONS!



At Marin County Office of Education

Wednesday, November 17th

During School 12pm-6pm – Students and staff only



Please return to your student's school by November 15th

There are a limited number of spaces.

See the back of this flyer for other COVID-19 and/or
flu vaccination clinics

How to get a FREE COVID AND/OR FLU VACCINATION for your CHILD:

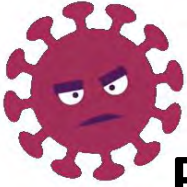
- 1. Read all the information** included in this packet, including the Vaccine Information Statements.
- 2. Complete a consent form for each vaccination.** If you would like your child to get both COVID-19 and flu vaccinations, you will complete two forms. Answer **all** of the questions on each consent form. Forms that are not complete will not be accepted.
 - The COVID-19 shot is for children aged 5 and older.
 - A small amount of flu nasal spray vaccine (FluMist) may be available this year, but it is not guaranteed. If nasal spray vaccine is not available, all children receiving the flu vaccine will get a shot.
- 3. Read the back** of the form(s) **and sign** your name.
- 4. Give** the form(s) to your student's school right away.

Visit a location listed on the back of this flyer, or come to school between
12pm – 6pm November 17th to get your free COVID-19 and/or flu shot!

COVID-19 and flu vaccinations are provided by Marin County Public Health Department.
There is no charge – it is FREE. We will **not** bill your insurance.
We will protect the privacy of information you give when you fill out this form.



Get Vaccinated Against COVID-19 and Flu!



Please visit: Coronavirus.marinhhs.org/vaccine

COVID-19 and Flu Vaccination Clinic Locations

Marin Health and Human Services 3240 Kerner, San Rafael

November 6th through December 18th
Fridays 4:00-8:00 PM
Saturdays 11:00-4:00 PM
CLOSED November 26th & 27th for
Thanksgiving Holiday
Adults and children ages 5 and up

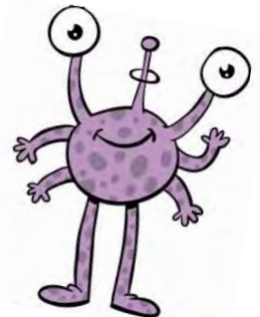
Northgate Mall

5800 Northgate Drive, San Rafael

September 29th through December 18th
Tuesday-Wednesday, 1:00pm to 7:00pm
Thursday-Saturday, 9:00am to 3:00pm
CLOSED November 25th - 28th for
Thanksgiving Holiday
Adults and children ages 5 and up

Other places you can get vaccination against COVID-19 or Flu

- Pharmacies: [CVS](#), [RiteAid](#), [Safeway](#), ect.
- Health Service Providers or Medical Clinics
- Mobile Clinics in Marin (myturn.ca.gov)



Take a photo of this QR code with your phone to access MyTurn.Ca.Gov





COVID-19 Student Vaccine Authorization Parent/Guardian Consent & Screening Form

STUDENT LAST NAME		STUDENT FIRST NAME		MIDDLE INITIAL
STUDENT BIRTHDATE ____ / ____ / ____ MONTH DAY YEAR		AGE	WEIGHT	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
PHONE		RACE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
STREET ADDRESS				
CITY	ZIP			
EMAIL ADDRESS				
MOTHER OR GUARDIAN'S FIRST NAME				

PLEASE CIRCLE YOUR ANSWER TO THE FOLLOWING QUESTIONS: for student at time form is completed

1	Are you feeling sick today?	Yes	No
2	Have you ever received a dose of COVID-19 vaccine?	Yes	No
3	Have you ever had an allergic reaction to (1) a component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures, (2) Polysorbate, or (3) a previous dose of COVID-19 vaccine? (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)	Yes	No
4	Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction (e.g. anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)	Yes	No
5	Have you ever had a severe allergic reaction (e.g. anaphylaxis) to something other than a component of the COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.	Yes	No
6	Have you been diagnosed with Multisystem Inflammatory Syndrome (MISC-C or MIS-A) after a COVID-19 infection?	Yes	No
7	Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	Yes	No
8	Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	Yes	No
9	Do you have a bleeding disorder or are you taking a blood thinner?	Yes	No
10	Do you have a history of heparin-induced thrombocytopenia (HIT)?	Yes	No
11	Are you pregnant or breastfeeding?	Yes	No
12	Have you received dermal fillers?	Yes	No
13	Do you have a history of myocarditis or pericarditis?	Yes	No

PLEASE READ AND SIGN: I understand that as required by state law (Health and Safety Code § 120440), all immunizations will be reported to the California Immunization Registry (CAIR), a secure, confidential computer system that keeps track of immunizations. Doctors, clinics, schools and other organizations have access to vaccination records in CAIR. I understand that I have the right to choose if I want the student's vaccination shared in the California Immunization Registry (CAIR) with doctor offices, clinics, and schools. By signing this form, I acknowledge that I have read the **California Immunization Registry (CAIR)** handout enclosed in this packet. I understand that the student's vaccination will be shared with other CAIR users (such as doctor offices, clinics, and schools) authorized to access the information.

I acknowledge receipt of the **Notice of Privacy Practices** that describes how the student's medical/health information may be used and disclosed by the County of Marin and how I can get access to the student's medical/health information at the Marin Health and Human Services Immunization Program.

I understand that the U.S. Food and Drug Administration ("FDA") has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine.

I have been given a copy and have read or had explained to me the **Vaccination Information Statement (VIS) for the Pfizer-BioNTech COVID-19 Vaccine** (www.fda.gov/media/144414/download). I understand the potential risks and benefits and understand that some risk and benefits are unknown.

I have the legal authority to consent to the administration of the Pfizer-BioNTech COVID-19 Vaccine to the student.

I understand that I have the option to refuse the Pfizer-BioNTech COVID-19 Vaccine on behalf of the student.

I give consent to Marin Health & Human Services to administer two separate doses of the Pfizer-BioNTech COVID-19 Vaccine spaced approximately three weeks part to the above-named student.

SIGNATURE OF PATIENT -OR- PARENT/GUARDIAN (IF PATIENT IS UNDER 18 YEARS OLD) X		DATE
NAME OF PARENT/GUARDIAN SIGNING THIS FORM		
SIGNATURE OF WITNESS TO PATIENT OR DPOA* <u>VERBAL CONSENT</u> X		DATE
NAME AND TITLE OF WITNESS SIGNING THIS FORM	RELATIONSHIP TO PERSON BEING VACCINATED <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> DPOA <input type="checkbox"/> Medical/School Staff	

PROVIDER OF VACCINE: Marin Health and Human Services, Immunization Program 3240 Kerner Blvd, San Rafael, CA 94901 Tel: 415473-4163

FOR VACCINATOR TO COMPLETE					
	Vaccine Name	Lot # & Expiration Date	Dose & Route	Site	
DOSE #1	<input type="checkbox"/> Pfizer-BioNTech		12+ yrs of age: <input type="checkbox"/> 0.3 mL IM 5-11 yrs of age: <input type="checkbox"/> 0.2 mL IM	<input type="checkbox"/> L deltoid <input type="checkbox"/> R deltoid	
	VACCINATOR'S LAST NAME		VACCINATOR'S FIRST NAME		
	SIGNATURE		TITLE	DATE	
DOSE #2	<input type="checkbox"/> Pfizer-BioNTech		12+ yrs of age: <input type="checkbox"/> 0.3 mL IM 5-11 yrs of age: <input type="checkbox"/> 0.2 mL IM	<input type="checkbox"/> L deltoid <input type="checkbox"/> R deltoid	
	VACCINATOR'S LAST NAME		VACCINATOR'S FIRST NAME		
	SIGNATURE		TITLE	DATE	

ADVERSE REACTION: <input type="checkbox"/> VAERS form completed and attached to this consent form	
NAME OF PERSON WHO COMPLETED THE VAERS FORM:	DATE:

*Durable Power of Attorney

**VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS
ABOUT THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT
CORONAVIRUS DISEASE 2019 (COVID-19) FOR USE IN INDIVIDUALS
5 THROUGH 11 YEARS OF AGE**

FOR 5 THROUGH 11 YEARS OF AGE

Your child is being offered the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.

This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine for use in individuals 5 through 11 years of age.¹

The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to provide a two-dose primary series to individuals 5 through 11 years of age.

This Vaccine Information Fact Sheet contains information to help you understand the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine, which your child may receive because there is currently a pandemic of COVID-19. Talk to your child's vaccination provider if you have questions.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see www.cvdvaccine.com.

WHAT YOU NEED TO KNOW BEFORE YOUR CHILD GETS THIS VACCINE

WHAT IS COVID-19?

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness leading to death. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

For more information on EUA, see the **"What is an Emergency Use Authorization (EUA)?"** section at the end of this Fact Sheet.

¹ You may receive this Vaccine Information Fact Sheet even if your child is 12 years old. Children who will turn from 11 years to 12 years of age between their first and second dose in the primary regimen may receive, for either dose, either: (1) the Pfizer-BioNTech COVID-19 Vaccine formulation authorized for use in individuals 5 through 11 years of age; or (2) COMIRNATY or one of the Pfizer-BioNTech COVID-19 Vaccine formulations authorized for use in individuals 12 years of age and older.

WHAT SHOULD YOU MENTION TO YOUR CHILD'S VACCINATION PROVIDER BEFORE YOUR CHILD GETS THE VACCINE?

Tell the vaccination provider about all of your child's medical conditions, including if your child:

- has any allergies
- has had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- has a fever
- has a bleeding disorder or is on a blood thinner
- is immunocompromised or is on a medicine that affects your child's immune system
- is pregnant
- is breastfeeding
- has received another COVID-19 vaccine
- has ever fainted in association with an injection

HOW IS THE VACCINE GIVEN?

The Pfizer-BioNTech COVID-19 Vaccine will be given to your child as an injection into the muscle.

The vaccine is administered as a 2-dose series, 3 weeks apart.

The vaccine may not protect everyone.

WHO SHOULD NOT GET THE VACCINE?

Your child should not get the vaccine if your child:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

WHAT ARE THE INGREDIENTS IN THE VACCINE?

The vaccine includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), tromethamine, tromethamine hydrochloride, sucrose, and sodium chloride.

HAS THE VACCINE BEEN USED BEFORE?

Millions of individuals 12 years of age and older have received the Pfizer-BioNTech COVID-19 Vaccine under EUA since December 11, 2020. In a clinical trial, approximately 3,100 individuals 5 through 11 years of age have received at least 1 dose of Pfizer-BioNTech COVID-19 Vaccine. In other clinical trials, approximately 23,000 individuals 12 years of age and older have received at least 1 dose of the vaccine. The vaccine that is authorized for use in children 5 through 11 years of age includes the same mRNA and lipids but different inactive ingredients compared to the vaccine that has been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials. The use of the different inactive ingredients helps stabilize the vaccine under refrigerated temperatures and the formulation can be readily prepared to deliver appropriate doses to the 5 through 11 year-old population.

WHAT ARE THE BENEFITS OF THE VACCINE?

The vaccine has been shown to prevent COVID-19.

The duration of protection against COVID-19 is currently unknown.

WHAT ARE THE RISKS OF THE VACCINE?

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the vaccine. For this reason, your child's vaccination provider may ask your child to stay at the place where your child received the vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of the face and throat
- A fast heartbeat
- A bad rash all over the body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. The chance of having this occur is very low. You should seek medical attention right away if your child has any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported with the vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- myocarditis (inflammation of the heart muscle)
- pericarditis (inflammation of the lining outside the heart)
- injection site pain
- tiredness
- headache
- muscle pain

- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- decreased appetite
- diarrhea
- vomiting
- arm pain
- fainting in association with injection of the vaccine

These may not be all the possible side effects of the vaccine. Serious and unexpected side effects may occur. The possible side effects of the vaccine are still being studied in clinical trials.

WHAT SHOULD I DO ABOUT SIDE EFFECTS?

If your child experiences a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your child’s healthcare provider if your child has any side effects that bother your child or do not go away.

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include “Pfizer-BioNTech COVID-19 Vaccine EUA” in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

Website	Fax number	Telephone number
www.pfizersafetyreporting.com	1-866-635-8337	1-800-438-1985

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: www.cdc.gov/vsafe.

WHAT IF I DECIDE NOT TO HAVE MY CHILD GET THE PFIZER-BIONTECH COVID-19 VACCINE?

Under the EUA, there is an option to accept or refuse receiving the vaccine. Should you decide for your child not to receive it, it will not change your child’s standard medical care.

ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES PFIZER-BIONTECH COVID-19 VACCINE?

For children 5 through 11 years of age, there are no other COVID-19 vaccines available under Emergency Use Authorization and there are no approved COVID-19 vaccines.

CAN MY CHILD RECEIVE THE PFIZER-BIONTECH COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?

Data have not yet been submitted to FDA on administration of the Pfizer-BioNTech COVID-19 Vaccine at the same time with other vaccines. If you are considering to have your child receive the Pfizer-BioNTech COVID-19 Vaccine with other vaccines, discuss the options with your child’s healthcare provider.

WHAT ABOUT PREGNANCY OR BREASTFEEDING?

If your child is pregnant or breastfeeding, discuss the options with your healthcare provider.

WILL THE VACCINE GIVE MY CHILD COVID-19?

No. The vaccine does not contain SARS-CoV-2 and cannot give your child COVID-19.


KEEP YOUR CHILD’S VACCINATION CARD

When your child gets the first dose, you will get a vaccination card to show when to return for your child’s next dose(s) of the vaccine. Remember to bring the card when your child returns.

ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Global website	Telephone number
<p data-bbox="315 1509 620 1539">www.cvdvaccine.com</p> 	<p data-bbox="948 1581 1221 1652">1-877-829-2619 (1-877-VAX-CO19)</p>

HOW CAN I LEARN MORE?

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.
- Contact your local or state public health department.

WHERE WILL MY CHILD'S VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your child's vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that your child receives the same vaccine when your child returns for the second dose. For more information about IISs visit:

<https://www.cdc.gov/vaccines/programs/iis/about.html>.

CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, Health Resources & Services Administration [HRSA] COVID-19 Uninsured Program for non-insured recipients).

WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or <https://TIPS.HHS.GOV>.

WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical products, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. An EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based

on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

This EUA for the Pfizer-BioNTech COVID-19 Vaccine will end when the Secretary of HHS determines that the circumstances justifying the EUA no longer exist or when there is a change in the approval status of the product such that an EUA is no longer needed.



Manufactured by
Pfizer Inc., New York, NY 10017

BIONTECH

Manufactured for
BioNTech Manufacturing GmbH
An der Goldgrube 12
55131 Mainz, Germany

LAB-1486-0.3

Revised: 29 October 2021



Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

Barcode Date: 09/30/2021

2021-22 Flu Shot Consent & Screening Form

FLU

A small amount of FluMist (nasal spray vaccine) MAY be available this year. Your student will receive a flu vaccine (FluMist or a flu shot) at his/her school at no cost if you complete this form and return it to school, unless the nurses do not recommend one based on your answers to the questions below.

Incomplete forms will not be accepted. If you have questions about this form or the flu vaccine please call your child's school.

TEACHER'S LAST NAME

LAST NAME		FIRST NAME		MIDDLE INITIAL
BIRTHDATE ____ / ____ / ____ MONTH DAY YEAR		AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
PHONE		INSURANCE <input type="checkbox"/> Medi-Cal <input type="checkbox"/> None <input type="checkbox"/> Kaiser Permanente member, AND I allow my shot to be shared with Kaiser unless I check this box: <input type="checkbox"/> Kaiser medical record number: _____ <input type="checkbox"/> Other Insurance		
STREET ADDRESS				
CITY	ZIP			
MOTHER'S FIRST NAME				
NAME OF DOCTOR/ HEALTH CARE PROVIDER		NAME OF CLINIC		

PLEASE ANSWER THE FOLLOWING QUESTIONS:	Yes	No
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs, antibiotics, or latex?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome (a rare disease that affects your immune system and causes weak muscles and paralysis)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person to be vaccinated pregnant or could she become pregnant within the next month?	<input type="checkbox"/>	<input type="checkbox"/>
TO RECEIVE FLU MIST (NASAL SPRAY VACCINE), INSTEAD OF A SHOT, PLEASE ALSO ANSWER THESE QUESTIONS:	Yes	No
6. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, or metabolic disease (e.g., diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>
7. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider ever told you that he or she had asthma or wheezing?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the person to be vaccinated have a) an open channel between the cerebrospinal fluid (CSF) and the mouth, throat, nose or ear or any other cranial CSF leak, or b) a cochlear implant, or c) an immunocompromising condition due to any cause (e.g., medication, congenital or acquired immunodeficiency, HIV infection, or a missing or non-functioning spleen [e.g., caused by sickle cell disease])?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the person to be vaccinated receiving antiviral medications or have they taken any within the past 3 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the person to be vaccinated receiving aspirin- or salicylate-containing medicine?	<input type="checkbox"/>	<input type="checkbox"/>
PLEASE COMPLETE THE BACK PAGE →		

11. Does the person to be vaccinated live with, or expect to have close contact with, a person whose immune system is severely compromised and who must be in protective isolation (such as an isolation room of a bone marrow transplant unit)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE READ AND SIGN BELOW:

The **California Immunization Registry (CAIR)** is a secure, confidential computer system that keeps track of immunizations. Doctors, clinics, schools and other organizations have access to see your vaccination record. It's your right to choose if you want this vaccination shared in the California Immunization Registry (CAIR) with doctor offices, clinics, and schools.

By signing this form, I acknowledge that I have read the **California Immunization Registry (CAIR)** handout enclosed in this packet.

If you DO want your or your child's flu vaccination records shared with other CAIR users, do nothing.

Check this box if you DO NOT want your or your child's flu vaccination records shared with other CAIR users.

I acknowledge receipt of the **Notice of Privacy Practices** that describes how my medical/health information may be used and disclosed by the County of Marin and how I can get access to my medical/health information at the Marin Health and Human Services Immunization Program.

I have been given a copy and have read, or had explained to me the Centers for Disease Control & Prevention ("CDC") **Vaccination Information Statements (VIS) for the influenza vaccine** I am requesting. I understand the risks and benefits, and give consent to Marin Health & Human Services to administer the vaccine to the above named patient.

SIGNATURE OF PATIENT -OR- PARENT/GUARDIAN (IF PATIENT IS UNDER 18 YEARS OLD) X	DATE
---	-------------

NAME OF PARENT/GUARDIAN SIGNING THIS FORM
--

SIGNATURE OF WITNESS TO PATIENT OR DPOA* <u>VERBAL CONSENT</u> X	DATE
---	-------------

NAME AND TITLE OF WITNESS SIGNING THIS FORM	RELATIONSHIP TO PERSON BEING VACCINATED <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> DPOA <input type="checkbox"/> Medical/School Staff
--	---

PROVIDER OF VACCINE: Marin Health and Human Services, Immunization Program
3240 Kerner Blvd, San Rafael, CA 94901, Tel: 415-473-4163

FOR NURSE ONLY

SCREENING	For patients aged 6 months through 8 years, did they receive ≥ 2 doses of trivalent or quadrivalent flu vaccine before July 1, 2021? (Doses did not have to be in the same or consecutive seasons) <i>*If NO or UNKNOWN, advise parent that the child will need 2nd dose in ≥ 4 weeks.</i>	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
	SIGNATURE	TITLE	DATE

VIS Date: 8/6/2021
¹Date the VIS was given.

ADMINISTRATION	Present-ation	Vaccine Name and Manufacturer	Lot # & Expiration Date	Site, Dose, & Route	
	Nasal Spray	<input type="checkbox"/> FluMIST Quad		<input type="checkbox"/> 0.2 mL Intranasal (0.1 mL per nostril)	
	Multi-dose vial	<input type="checkbox"/> Afluria Quad (Seqirus) <input type="checkbox"/> FluZone Quad (Sanofi)		<input type="checkbox"/> L deltoid	<input type="checkbox"/> 0.5 mL IM
	Pre-filled syringe	<input type="checkbox"/> FluArix Quad (GSK)		<input type="checkbox"/> R deltoid	
VACCINATOR'S INITIAL OF FIRST NAME & LAST NAME (ex: J. SMITH)					
VACCINATOR'S SIGNATURE		TITLE	DATE	RN CO-SIGNATURE (if needed)	

FOR OFFICE USE ONLY: Do Not Enter in CAIR Date entered in CAIR: Initials:

Influenza (Flu) Vaccine (Live, Intranasal): 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 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.

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**)



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Control and Prevention

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 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.hrsa.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.
- 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.



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

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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.

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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.

3. Talk with your health care provider

Tell your vaccination 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 until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated 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.



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Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- 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 members do not give medical advice.*

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County of Marin 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.

This Notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). For more information, please contact the County of Marin at (415) 473-6948 or HHSCompliance@marincounty.org (email) or TTY (415) 473-3344 if hearing is impaired
Para obtener más información, por favor llame (415) 473-6948
Để biết thêm thông tin xin vui lòng gọi (415) 473-6948

The Health Insurance Portability and Accountability Act of 1996 (called "HIPAA") is a law requiring the County of Marin to make sure your personal medical and other treatment information is kept private. The County of Marin is also required to give you this notice, so that if the County has any of your personal health information, you will know how the County may use it, or whether and how the County may give your protected health information (or "PHI") to others.

County of Marin programs and services are already keeping your personal medical information private. HIPAA establishes the minimum standards for these protections.

Uses and Disclosures: The County of Marin may use and give out (disclose) your personal medical and other treatment information without your written authorization for the following reasons (Note: This Notice will separately describe the ways that the County can use or disclose HIV/AIDS results and substance use disorder treatment records subject to 42 CFR Part 2):

Treatment: For the coordination of your treatment with other health care providers who are treating you (for example, a discussion between your primary doctor and a specialist to confirm the medications you are taking).

Payment: to bill for the cost of your health care (for example, to bill Medi-Cal or Medicare).

Health Care Operations: we may use or disclose your medical information to support our business operations (for example, to evaluate the performance of our staff, or to review the quality of treatment or services provided to you).

Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. If you do not answer our call we make to the phone number you provide to us, we may leave the appointment reminder in a message. We may also call you by name, in a waiting room, when we are ready to see you for your appointment.

Other Disclosures:

The County of Marin may also use or give out your personal medical and other treatment information for other reasons when required or permitted by law, for example:

If state and federal agencies that have the legal right to see your medical and other treatment information ask for it. For example, to make sure that the County is billing Medi-Cal correctly; or for Federal Medicare and Medicaid health care oversight, investigation and quality assurance purposes.

If we need the information for public health activities (for example, reporting outbreaks of serious diseases),

If a court or another agency with legal authority orders us to release the information,

For research studies that meet all privacy law requirements (for example, research related to the prevention of disease),

If the information will help to avoid a serious and immediate threat to health or safety (for example, warning a victim and notifying authorities of a threat on someone's life.)

In the event of a disaster, we may disclose information to a relief organization so that they may coordinate disaster notification efforts, and

If we need the information in order to contact you about new or changed benefits.

The County **must** disclose your personal medical and other treatment information in the following

circumstances:

If you or your authorized representative asks for the information,

If some other law requires that your medical information be disclosed.

Health Information Exchange: The County of Marin participates in a Health Information Exchange (HIE) whereby we may disclose your health information for purposes of coordinating your care between healthcare providers, and other purposes allowed under the law. The exchange of health information about you can be done electronically through the HIE and can provide faster access, better coordination of care, and assist healthcare providers and public health officials in making informed decisions. Marin County Behavioral Health and Recovery Services will require you to opt-in if you wish to have your information shared through the HIE, other programs will require you to opt-out if you do not want your information to be shared through the HIE. If at any time you want to opt-in or opt-out of the HIE, you may do so in person where you receive Marin County health services, or obtaining the appropriate form through the Marin County HHS website at www.marinhhs.org/HIE

Uses and Disclosures of HIV/AIDS Information:

In general, written authorization (by client or authorized representative) is required for the disclosure of HIV/AIDS test results. The following exceptions apply:

1. Disclosures, including disclosures through the HIE, made to your health care provider for purposes of diagnosis, treatment, or care.
2. State reporting requirements for Public Health purposes.
3. Payment: to bill for the cost of your healthcare (for example, to bill Medi-Cal or Medicare).
4. Health Care Operations: we may use or disclose your medical information to support our business operations (for example, to evaluate the performance of our staff, or to review the quality of treatment or services provided to you).
5. Other disclosures that may be required under the law.

Uses and Disclosures of Substance Use Disorder Treatment Records:

The confidentiality of substance use disorder treatment patient records maintained by a 42 CFR Part 2 program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having a substance use disorder. Exceptions to this rule include:

1. The patient (or authorized representative), consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency.
4. The disclosure is made to qualified personnel for research, audit, or program evaluation.
5. The disclosure is made pursuant to an agreement with a qualified service organization (QSO).

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Disclosures with Your Permission:

If you give the County permission, the County may use or give out your personal medical and other treatment information as directed by you. You may take back your permission at any time. However, if you take back your permission, you have to notify the County HIPAA Privacy Officer in writing at the address listed in the next section below; it will not affect disclosures the County already made based on your earlier permission to use or give out your information.

By law, you have the right to:

See and get a copy of your personal medical and treatment information held by the County, in a designated Record Set.

Have your personal medical and other treatment information corrected if you believe there are errors or if information is missing, and if the County agrees. If the County disagrees, you may have a statement of your disagreement added to your personal information.

Get a list of those who the County has shared your personal medical and other treatment information with. The list will not cover your personal health information that was given to you or your personal representative, information you authorized us to share with a third party or information that was disclosed for purposes of treatment, payment, or healthcare operations (unless disclosure is made through an Electronic Health Record system).

Receive confidential communications and ask the County to communicate with you in a particular method or at a particular location to maintain the confidentiality of such communications.

Ask the County to limit how your personal medical and other treatment information is used or disclosed to pay your claims and run the program that provides services to you (please note that the County may not be able to agree to your request). However, if you pay in full for a service, out-of-pocket, and you request that the service information not be shared with your health plan (health insurance company) the County must honor your request, unless a provision in law requires the County to make that disclosure.

Receive notification of a breach of your unsecured personal medical and treatment information.

Get a separate paper copy of this Notice.

If you have questions or would like more information about this notice, please call the County's Privacy Officer:

c/o Department of Health and Human Services,
20 N. San Rafael Rd, San Rafael, CA 94903
(415) 473-6948 or

HHSCompliance@marincounty.org (email), or TTY (415) 473-3344 if hearing is impaired.

The County works hard to prevent any harm to you caused by the improper use of your personal medical information by our workforce. To exercise any of your rights described in the Notice or you have questions or if you believe that a person who works for the County has given out or used your personal medical information improperly and you wish to file a complaint or report, please contact the County Privacy Officer by calling (415) 473-6948 or emailing HHSCompliance@marincounty.org

Filing a complaint will not negatively affect the services you receive from the County. If you file a complaint or testify, help with an investigation, a review, a proceeding or a hearing, or if you oppose any act or practice that you believe is unlawful under the HIPAA rules, people who work for the County will not retaliate against you. If you believe any negative actions have been taken against you because you filed a complaint, please let our Privacy Officer know right away.

You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services within 180 days of your discovery of the incident causing your complaint.

By law, Marin County is required to follow the terms in the Notice. Marin County has the right to change the way your personal medical and other treatment information is used and given out. If Marin County makes significant changes, you will be informed of the new Notice and offered a copy on your next visit for treatment. The new Notice will be posted on the County of Marin website.

The privacy practices listed in this Notice are effective May 1, 2017

Immunization Registry Notice to Patients and Parents (TB)

Immunizations or 'shots' prevent serious diseases. Tuberculosis (TB) screening tests help to determine if you may have TB infection and can be required for school or work. Keeping track of shots/TB tests you have received can be hard. It's especially hard if more than one doctor gave them. Today, doctors use a secure computer system called an *immunization registry* to keep track of shots and TB tests. If you change doctors, your new doctor can use the registry to see the shot/TB test record. It's your right to choose if you want shot/TB test records shared in the *California Immunization Registry*.

How Does a Registry Help You?

- Keeps track of all shots and TB tests (skin tests/chest x-rays), so you don't miss any or get too many
- Sends reminders when you or your child need shots
- Gives you a copy of the shot/TB record from the doctor
- Can show proof about shots/TB tests needed to start child care, school, or a new job

How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies use the registry to:

- See which shots/TB tests are needed
- Remind you about shots needed
- Prevent disease in your community
- Help with record-keeping

Can Schools or Other Programs See the Registry?

Yes, but this is limited. Schools, child care, and other agencies allowed under California law may:

- See which shots/TB tests children in their programs need
- Make sure children have all shots/TB tests needed to start child care or school

What Information Can Be Shared in a Registry?

- patient's name, sex, and birth date
- parents' or guardians' names
- limited information to identify patients
- details about a patient's shots/TB tests

What's entered in the registry is treated like other private medical information. Misuse of the registry can be punished by law. Under California law, only your doctor's office, health plan, or public health department may see your address and phone number.

Patient and Parent Rights

It's your legal right to ask:

- not to share your (or your child's) registry shot/TB test records with others besides your doctor*
- not to get shot appointment reminders from your doctor's office
- to look at a copy of your or your child's shot/TB test records
- who has seen the records or to have the doctor change any mistakes

If you DO want yours or your child's records shared with other CAIR users, do nothing. You're all done.

If you DO NOT want yours or your child's records shared with other CAIR users, check with your provider to see if they send your sharing status to CAIR electronically. If they do not send, go to the CAIR Forms page (<http://cairweb.org/cair-forms/>) and complete a Request to Lock My CAIR Record. Locked records in CAIR can also be unlocked by completing the Request to Unlock My CAIR Record. Fax printed forms by email to 1-888-436-8320, CAIRHelpDesk@cdph.ca.gov.

For more information, contact the CAIR Help Desk at 800-578-7889 or CAIRHelpDesk@cdph.ca.gov

* By law, public health officials can also look at the registry in the case of a public health emergency.