

9-20-22

Dear Parents/Guardians:

Wayland Village Pharmacy is working with Wayland Union Schools to provide the annual influenza vaccine to children and staff at school. This vaccine will protect against influenza strains that are expected to circulate this year. This year the vaccine will be given on **Wednesday, October 26**. There will be no cost if billed through insurance. Otherwise it will be \$30 per vaccination. Please fill out the form in order to give your consent and return to the school upon completion. Please return completed forms by October 21, 2022. If you have any questions about the vaccine or the vaccination clinic please visit the CDCs influenza web site at <http://www.cdc.gov/flu/> for more information. Your child's health care provider also can answer your questions about the influenza virus.

Sincerely,

Lisa G Wilkerson RN BSN

Wayland District Nurse

And

Joseph Romph

Pharmacist with Wayland Village Pharmacy

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH / /
month / day / year

For patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to an ingredient of the vaccine?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian _____

DATE _____

FORM REVIEWED BY _____

DATE _____

Insurance Info

Rx Bin:

Rx PCN:

Rx Group:

Rx ID:

Card Holder Name:

Lot #:

Manufacturer

