

VACCINE INFORMATION STATEMENT

**Meningococcal ACWY Vaccines — MenACWY and MPSV4: What You Need to Know**

**1 Why get vaccinated?**

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning — even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease, but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

Meningococcal ACWY vaccines can help prevent meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available to help protect against serogroup B.

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16.

Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system condition called “persistent complement component deficiency.”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in dormitories
- U.S. military recruits

Children between 2 and 23 months old, and people with certain medical conditions need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.

MenACWY is the preferred vaccine for people in these categories, such as 2 months through 55 years old, have received MenACWY previously, or anticipate receiving multiple doses.

MPSV4 is recommended for adults older than 55 who anticipate requiring only a single dose (travelers, or during community outbreaks).

Many Vaccine Information Statements are available in Spanish and other languages. See [www.hhs.gov/od/ohrt/](http://www.hhs.gov/od/ohrt/) for more information. Visit [www.imz.usdoj.gov](http://www.imz.usdoj.gov).



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

**3 Some people should not get this vaccine**

Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergies. If you have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine’s ingredients.
- If you are pregnant or breastfeeding. There is not very much information about the possible risks of this vaccine for a pregnant woman or breastfeeding mother. It should be used during pregnancy only if clearly needed.
- If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

**4 Risks of a vaccine reaction**

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

As many as half of the people who get meningococcal ACWY vaccine have mild problems following vaccination, such as redness or soreness where the shot was given. If these problems occur, they usually last for 1 or 2 days. They are more common after MenACWY than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

**Problems that could happen after any injected vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medicines can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and a pregnant woman within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/).

**5 What if there is a serious reaction?**

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness — usually within a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think there is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the “Vaccine Adverse Event Reporting System” (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

**7 How can I learn more?**

- Ask your health care provider. He or she can give you the vaccine package insert or suggest other sources of information.
- 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 website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement  
**Meningococcal ACWY Vaccines**  
03/31/2016  
42 U.S.C. § 300aa-26

VACCINE INFORMATION STATEMENT

**Tdap Vaccine What You Need to Know**

**1 Why get vaccinated?**

**Tetanus, diphtheria and pertussis are very serious diseases.** Tdap vaccine can protect you from these diseases. And, Tdap vaccine helps to protect women can protect newborn babies against pertussis.

**TETANUS (Lockjaw)** is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can’t open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

**DIPHTHERIA** is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

**PERTUSSIS (Whooping Cough)** causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

**2 Tdap vaccine**

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One shot of Tdap is routinely given at age 11 or 12. People who did not get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and others who have close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during every pregnancy to protect the newborn from tetanus, diphtheria, and pertussis, even, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. 1 Tdap tetanus booster.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

**3 Some people should not get this vaccine**

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine. OR has had a severe allergic reaction to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergy.
- Anyone who has had coma or long repeated seizures within 7 days after a childhood dose of DTaP or DTaP2, or a previous dose of Tdap, should not get Tdap, unless it can be shown that the vaccine was found. They can still get Td.
- Tell your doctor if you:
  - Have seizures or another nervous system problem
  - Have had a condition called Guillain-Barre Syndrome (GBS),
  - aren’t feeling well on the day the shot is scheduled.

Many Vaccine Information Statements are available in Spanish and other languages. See [www.hhs.gov/od/ohrt/](http://www.hhs.gov/od/ohrt/) for more information. Visit [www.imz.usdoj.gov](http://www.imz.usdoj.gov).



U.S. Department of Health & Human Services  
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**4 Risks**

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

**Mild problems following Tdap (Do not interfere with activities):**

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever (about 1 in 100 adults or up to 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 4 in 100 adults)
- Tiredness (about 1 person in 3 or 4)
- Have vision changes or ringing in the ears (up to 1 in 4 adolescents or 1 in 10 adults)
- Dizziness, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

**Moderate problems following Tdap (Interfered with activities, but did not require medical attention):**

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Mild fever (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 2 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500)

**Severe problems following Tdap (Usually a severe pain, bleeding and redness in the arm where the shot was given):**

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

**Problems that could happen after any vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medicines can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and a pregnant woman within a few minutes to a few hours after the vaccination.

**5 What if there is a serious problem?**

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually occur a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think there is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the “Vaccine Adverse Event Reporting System” (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

**7 How can I learn more?**

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- 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 website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement  
**Tdap Vaccine**  
2/24/2015  
42 U.S.C. § 300aa-26

VACCINE INFORMATION STATEMENT

**HPV Vaccine Gardasil® (Human Papillomavirus) What You Need to Know**

**1 What is HPV?**

Genital human papillomavirus (HPV) is the most common sexually transmitted virus in the United States. More than half of sexually active men and women are infected with HPV at some time in their lives.

About 20 million Americans are currently infected, and about 6 million more get infected each year. HPV is usually spread through sexual contact.

Most HPV infections don’t cause any symptoms, and go away on their own. But HPV can cause cervical cancer in women. Cervical cancer is the 2nd leading cause of cancer deaths among women around the world. In the United States, about 12,000 women get cervical cancer every year and about 4,000 are expected to die from it. HPV is also associated with several less common cancers, such as vaginal and vulvar cancers in women, and anal and oropharyngeal (back of the throat, including base of tongue and tonsils) cancers in both men and women. HPV can also cause genital warts and warts in the throat.

There is no cure for HPV infection, but some of the problems it causes can be treated.

**3 Who should get this HPV vaccine and when?**

HPV vaccine is given as a 3-dose series

1st Dose	Now
2nd Dose	1 to 2 months after Dose 1
3rd Dose	6 months after Dose 1

Additional (booster) doses are not recommended.

**Routine vaccination**

- This HPV vaccine is recommended for girls and boys 11 or 12 years of age. It may be given starting at age 9.

**Why is HPV vaccine recommended at 11 or 12 years of age?**

HPV infection is easily acquired, even with only one sex partner. That is why it is important to get HPV vaccine before any sexual contact takes place. Also, response to the vaccine is better at this age than at older ages.

**Catch-up vaccination**

This vaccine is recommended for the following people who have not completed the 3-dose series:

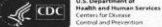
- Females 13 through 26 years of age.
- Males 13 through 21 years of age.

This vaccine may be given to men 22 through 26 years of age who have not completed the 3-dose series.

It is recommended for men through age 26 who have sex with men or whose immune system is weakened because of HIV infection, other illness, or medications.

HPV vaccine may be given at the same time as other vaccines.

Many Vaccine Information Statements are available in Spanish and other languages. See [www.hhs.gov/od/ohrt/](http://www.hhs.gov/od/ohrt/) for more information. Visit [www.imz.usdoj.gov](http://www.imz.usdoj.gov).



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

**4 Some people should not get this vaccine**

- Anyone who has ever had a life-threatening allergic reaction to any component of HPV vaccine, or to a previous dose of HPV vaccine, should not get the vaccine. Tell your doctor if the person getting vaccinated has any severe allergies, including an allergy to yeast.
- HPV vaccine is not recommended for pregnant women. However, receiving HPV vaccine when pregnant is not a reason to consider terminating the pregnancy. Women who are breast feeding may get the vaccine.
- People who are mildly ill when a dose of HPV vaccine is planned can still be vaccinated. People with a moderate or severe illness should wait until they are better.

**5 What are the risks from this vaccine?**

This HPV vaccine has been used in the U.S. and around the world for about six years and has been very safe. However, any medicine could possibly cause a serious problem, such as a severe allergic reaction. The risk of any vaccine causing a serious injury, or death, is extremely small.

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.

Several mild to moderate problems are known to occur with this HPV vaccine. These do not last long and go away on their own.

- Reactions in the arm where the shot was given:
  - Pain (about 8 people in 10)
  - Redness or swelling (about 1 person in 4)
- Fever:
  - Mild (100° F) (about 1 person in 10)
  - Moderate (102° F) (about 1 person in 65)
- Other problems:
  - Headache (about 1 person in 3)
- Fainting: Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls. Tell your doctor if the patient feels dizzy or lightheaded, or has vision changes or ringing in the ears.

Like all vaccines, HPV vaccines will continue to be monitored for unusual or severe problems.

**6 What if there is a serious reaction?**

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think there is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the “Vaccine Adverse Event Reporting System” (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

VAERS is only for reporting reactions. They do not give medical advice.

**7 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**8 How can I learn more?**

- Ask your doctor.
- 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 website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
**HPV Vaccine (Gardasil)**  
5/17/2013  
42 U.S.C. § 300aa-26

# 2018 Vaccine Consent Form

TDAP  Meningococcal  HPV



PLEASE COMPLETE ALL OF THE INFORMATION BELOW **Please print using ink** (Incomplete forms will not be accepted)

FIRST NAME of Student:					LAST NAME of Student:				
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Birthdate: (month, day, year)			Age		Homeroom Teacher / Grade		
Address					Home Phone # ( ) -		Cell Phone # ( ) -		
City		Zip Code		State		Student Race: (Circle one) African American / Black White Alaskan/ Native American Asian Hispanic Non-Hispanic Hawaiian / Pacific Islander Other :			
Email address:									

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please fill out the following questions pertaining to your child's Health Insurance:

Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> My child does NOT have health insurance <input type="checkbox"/>					Insurance Company:				
Policy Holder's First Name:					Policy Holder's Last Name:				
Member ID:					Policy Holder's Date of Birth: (month/day/year)				

CHECK YES OR NO FOR EACH QUESTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your child ever had a life threatening reaction(s) after a previous dose of any diphtheria, tetanus or pertussis containing vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your child ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has your child ever had a condition called Guillain Barré Syndrome (GBS)?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has your child ever had seizures or another nervous system problem?
<input type="checkbox"/>	<input type="checkbox"/>	5. Has your child ever had a life threatening reaction(s) after a previous dose of Gardasil?
<input type="checkbox"/>	<input type="checkbox"/>	6. If applicable, is the student pregnant or nursing?

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL US AT 205-609-0268 TO SPEAK TO A REPRESENTATIVE.

I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at [www.immunize.org](http://www.immunize.org) or [www.cdc.gov](http://www.cdc.gov). I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release the school system, HNH Immunizations, Inc. & subsidiaries, affiliated schools of nursing, their directors and employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. Clinic dates can be obtained from the school. I understand that the health related information on this form will be used for insurance billing purposes and your privacy will be protected.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

VIS CDC 02/24/2015  
 LOT Number: \_\_\_\_\_ ADACEL TDAP VACCINE 0.5ML  
 RN # \_\_\_\_\_ EXP Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
**AREA FOR OFFICIAL ADMINISTRATION USE ONLY**

VIS CDC 03/31/2016  
 LOT Number: \_\_\_\_\_ MENACTRA MENINGOCOCCAL ACYW 0.5ML  
 RN# \_\_\_\_\_ EXP. Date: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
**AREA FOR OFFICIAL ADMINISTRATION USE ONLY**