

Dear parents of the class of 2025,

Kansas law requires students entering Grade 11 to be vaccinated against Meningococcal disease. Two doses are required. If your child has already received a meningococcal (MCV4) vaccine after the age of 16, they are up to date. This is the same vaccine that colleges require. To help make it easier for our students to meet these requirements, we will be hosting a school vaccination clinic provided by Grant County Health Department on Wednesday, April 26th, 2023.

The HPV and Men B (different from MCV4 as it covers a different strain) vaccine will be available as well. **No vaccine will be given without written consent, in addition, the nursing staff will verify all written consents with parents.**

Attached you will find several forms. The first is a Client Registration Form. Please fill out the entire form as well as health insurance information. Grant County Health Department will bill your insurance. You can attach a copy, or write in your health information on the form. The orange sheet is the immunization consent for the MCV4 (required) vaccine. Please complete the form and sign it. If you would like your child to receive the Men B and/or HPV vaccine, please indicate on the form.

If your child does not have health insurance, vaccines can be given at no or low cost. Please include your income information on the client registration form if you would like assistance with vaccines.

Please note, **all upcoming 11th graders must have the MCV4 vaccine completed before enrolling for the 2023-2024 school year.** Students will not be permitted to attend school without documentation of the required vaccine. **Consents need to be turned in to UHS before April 19th.**

If you have any questions about your child's immunization status, please contact your primary care provider or the school nurse's office at 356-3655.

The following are QR codes that will take you to the Vaccine Information Sheets on each vaccine.

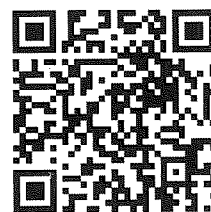
MCV4



Men B



HPV



GRANT COUNTY HEALTH DEPARTMENT

105 SOUTH GLENN ULYSSES, KS. 67880

620-356-1545

CLIENT REGISTRATION FORM

CLIENT

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname (Alias): _____ Sex: _____ Birth Date: Month _____ Date _____ Year _____

Marital Status: _____ Primary Physician: _____ County of Residence: _____

Mailing Address: _____ City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Race: (Mark all that apply)

____ White ____ Black or African American ____ American Indian/Alaskan Native ____ Asian
____ Native Hawaiian/Pacific Islander ____ Unknown/Not Reported

Ethnicity: ____ Hispanic/Latino ____ Non-Hispanic ____ Unknown

If Hispanic/Latino select Origin

____ Mexican ____ Cuban ____ Puerto Rican ____ Central/South American ____ Other/Unknown

Preferred Language: ____ English ____ Spanish ____ German ____ Other

Names of all Household Members

Place of Employment

Income

| Names of all Household Members | Place of Employment | Income |
|--------------------------------|---------------------|--------|
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PERSON RESPONSIBLE FOR PAYMENT IF DIFFERENT THAN ABOVE

First Name: _____ Middle Initial: _____ Last Name: _____ Sex: _____ Race: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Birth Date: _____ Home Phone: _____ Work Phone: _____ Relationship to Client: _____

ALL INFORMATION IS CONFIDENTIAL

I certify that the above information is correct to the best of my knowledge. I understand the GUARANTOR will be responsible for any services provided which are not covered by any health insurance and is to be paid at the time of services.

I have been given the opportunity to read the Grant County Health Department Notice of Privacy Practices.

VACCINE DOCUMENTATION/CONSENT FORM

I have been offered a copy of the Vaccine Information Statement(s) (VIS) checked below. I have read, had explained to me, and understand the information in the VIS(s). I ask that the vaccine(s) checked below be given to me or to the person named below for whom I am authorized to make this request. I consent to inclusion of this immunization data in the Kansas Immunization Registry for myself or on behalf of the person named below.

DT DTaP Tdap Td HepA HepB Hib HPV Influenza MCV4/MenB
 MMR PCV13 PPV23 Polio/IPV Rotavirus Varicella Other _____

 Signature of Patient or Parent/Guardian

 Date

| PATIENT INFORMATION | | | | | | |
|--|--|--|--|--|------------------------------------|--|
| Patient's Last Name: | | Patient's First Name: | | Phone Number: | Age: | Birth date: |
| Street Address: | | | City: | County: | State: | Zip Code: |
| Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Race: (Select one or more.) <input type="checkbox"/> AS-Asian/Pacific Islander/Other <input type="checkbox"/> HA-Hawaiian <input type="checkbox"/> BL-Black or African American <input type="checkbox"/> IN-Native American/Alaska Native <input type="checkbox"/> CA-Caucasian/Mexican/Puerto Rican <input type="checkbox"/> JA-Japanese <input type="checkbox"/> CH-Chinese <input type="checkbox"/> NW-Other Non-White <input type="checkbox"/> FI-Filipino <input type="checkbox"/> UN-Unknown | | | | |
| Primary Care Physician: | | Street Address: City: | | State: Zip: | Phone: Fax: | |
| PATIENT ELIGIBILITY | | | | | | |
| <input type="checkbox"/> T19-MED | <input type="checkbox"/> No health insurance | <input type="checkbox"/> Native Am/Alaska Native | <input type="checkbox"/> Underinsured* | <input type="checkbox"/> Underserved** | <input type="checkbox"/> T21-SCHIP | <input type="checkbox"/> Fully Insured |

*Underinsured children: insurance does not cover immunizations. Eligible through VFC program if vaccinated at a FQHC, RHC or delegated county health department.
 **Underserved (State) children: Are not VFC eligible. May only be vaccinated with KIP vaccines needed at school (K-12) entry at a county health department if enrolled in free or reduced-price school lunch program.

| IMMUNIZATION SCREENING QUESTIONNAIRE | |
|---|------------|
| 1. Is the patient to be vaccinated currently sick or experiencing a high fever? | __yes __no |
| 2. Does the patient have allergies to medications, food, a vaccine component, or latex? | __yes __no |
| 3. Has the patient had a serious reaction to a vaccine in the past? | __yes __no |
| 4. Has the patient had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? | __yes __no |
| 5. If the patient to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? | __yes __no |
| 6. If the patient is a baby, have you ever been told he or she has had intussusceptions? | __yes __no |
| 7. Has the patient, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems? | __yes __no |
| 8. Does the patient have cancer, leukemia, HIV/AIDS, or any other immune system problem | __yes __no |
| 9. In the past 3 months, has the patient taken medications that weaken their immune system such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? | __yes __no |
| 10. In the past year, has the patient received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? | __yes __no |
| 11. Is the patient pregnant or is there a chance she could become pregnant during the next month? | __yes __no |
| 12. Has the patient received vaccinations in the past 4 weeks? | __yes __no |

Meningococcal ACWY Vaccine: 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?

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

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. 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, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. 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*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2. Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 years of age
- Second (booster) dose: 16 years of age

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

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “complement component deficiency”
- Anyone taking a type of drug called a “complement inhibitor,” such as eculizumab (also called “Soliris”[®]) or ravulizumab (also called “Ultomiris”[®])
- 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 residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



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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 meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies**

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

There is limited information on the risks of this vaccine for pregnant or breastfeeding people, but no safety concerns have been identified. A pregnant or breastfeeding person should be vaccinated if indicated.

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 meningococcal ACWY vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

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.*

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/vaccines.



Meningococcal B Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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1. Why get vaccinated?

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

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. 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, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. 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*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

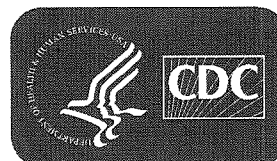
2. Meningococcal B vaccine

For best protection, more than 1 dose of a meningococcal B vaccine is needed. There are two meningococcal B vaccines available. The same vaccine must be used for all doses.

Meningococcal B vaccines are recommended for people 10 years or older who are at increased risk for serogroup B meningococcal disease, including:

- People at risk because of a serogroup B meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “complement component deficiency”
- Anyone taking a type of drug called a “complement inhibitor,” such as eculizumab (also called “Soliris”®) or ravulizumab (also called “Ultomiris”®)
- Microbiologists who routinely work with isolates of *N. meningitidis*

These vaccines may also be given to anyone 16 through 23 years old to provide short-term protection against most strains of serogroup B meningococcal disease, based on discussions between the patient and health care provider. The preferred age for vaccination is 16 through 18 years.



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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 meningococcal B vaccine**, or has any severe, **life-threatening allergies**
- Is **pregnant or breastfeeding**

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

Meningococcal B vaccination should be postponed for pregnant people unless the person is at increased risk and, after consultation with their health care provider, the benefits of vaccination are considered to outweigh the potential risks.

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 meningococcal B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given, tiredness, headache, muscle or joint pain, fever, or nausea can happen after meningococcal B vaccination. Some of these reactions occur in more than half of the people who receive the vaccine.

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.*

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/vaccines.



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

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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1. Why get vaccinated?

HPV (human papillomavirus) vaccine can prevent infection with some types of human papillomavirus.

HPV infections can cause certain types of cancers, including:

- cervical, vaginal, and vulvar cancers in women
- penile cancer in men
- anal cancers in both men and women
- cancers of tonsils, base of tongue, and back of throat (oropharyngeal cancer) in both men and women

HPV infections can also cause anogenital warts.

HPV vaccine can prevent over 90% of cancers caused by HPV.

HPV is spread through intimate skin-to-skin or sexual contact. HPV infections are so common that nearly all people will get at least one type of HPV at some time in their lives. Most HPV infections go away on their own within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life.

2. HPV vaccine

HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years and vaccination is recommended for everyone through 26 years of age.

HPV vaccine may be given to adults 27 through 45 years of age, based on discussions between the patient and health care provider.

Most children who get the first dose before 15 years of age need 2 doses of HPV vaccine. People who get the first dose at or after 15 years of age and younger people with certain immunocompromising conditions need 3 doses. Your health care provider can give you more information.

HPV 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 HPV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant**—HPV vaccine is not recommended until after pregnancy

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

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 HPV vaccine.

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given can happen after HPV vaccination.
- Fever or headache can happen after HPV vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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