

**Crystal River**

547 SE Fort Island Trail,  
Inverness, FL 34452  
Crystal River, FL 34429  
P: 352-794-7391  
F: 877-582-3846

**Inverness Dental**

314 S Line Ave  
Inverness, FL 34452  
P: 352-419-7934  
F: 888-411-2260

**Inverness Medical**

300 S Line Ave  
Inverness, FL 34452  
P: 352-419-5760  
F: 877-209-5265

**Lecanto Medical**

595 N Lecanto Hwy  
Lecanto, FL 34461  
P: 352-527-2244  
F: 888-275-8781

**Ocala**

7205 SE Maricamp Rd  
Ocala, FL 34472  
P: 352-680-7000  
F: 877-849-9264

**Sumterville**

1389 S US Hwy 301  
Sumterville, FL 33585  
P: 352-793-5900  
F: 855-832-3504

Hi Parent/Guardian,

Langley Health Services is pleased to be coordinating with the Sumter County School Board to offer the flu vaccine! We will be at the following schools on the following dates:

SCHOOL	DATE	TIME
WMHS	10/5/2022	8:45am – 10:45am
SSHS	10/5/2022	1:30pm – 3:30pm
WES	10/13/2022	8:00am – 10:00am
BES	10/13/2022	10:30am – 12:30pm
SSMS	10/13/2022	1:30pm – 3:30pm
LPES	10/12/2022	9:00am – 11:00am
WWES	10/12/2022	12:00am – 2:00pm
SPA	10/12/2022	8:00am – 8:30am

If you would like to receive the flu vaccine offered, please complete the attached consent form. Please bring your completed form with you to receive your vaccination.

For your future healthcare needs, keep in mind we offer the following services: medical, dental, behavioral health, radiology (x-rays, MRIs, CT scans, ultrasounds, etc.), podiatry (foot and ankle care), and pharmacy services. We have locations in Sumter, Citrus, and Marion counties. If you have any questions, or need any assistance, please let us know! We will be happy to help you.

Thank you,  
Your Langley Health Services team



School Vaccine Consent Form

Patient's Name (last, first, middle initial):		
Patient's Date of Birth:		Patient's Social Security Number:
Patient Phone Number: (    )		Patient Email:
Patient's Address:		
Patient's Sex (gender assigned at birth): <input type="checkbox"/> Female <input type="checkbox"/> Male	Patient's Ethnicity: <input type="checkbox"/> Hispanic/latino <input type="checkbox"/> Not Hispanic/latino <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to specify	Patient's Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Decline to specify
Patient's Insurance screening: <input type="checkbox"/> Medicaid <input type="checkbox"/> No health insurance <input type="checkbox"/> Insured		
<i>If patient is insured:</i> Primary Insurance Carrier ID #: _____ Grp #: _____ Insurance Company: _____ Insurance Company Phone #: _____ Insured's Name: _____ Insured's Relationship to Patient: _____ Insured's Date of Birth: _____  Secondary Insurance Carrier ID #: _____ Grp #: _____ Insurance Company: _____ Insurance Company Phone #: _____ Insured's Name: _____ Insured's Relationship to Patient: _____ Insured's Date of Birth: _____		
<b>VACCINE HEALTH SCREENING-</b> Please answer all questions about the student who will be receiving the vaccine(s). You will answer by placing a check mark in the correct "yes" or "no" column. Answers will determine whether the student can be vaccinated at this time.		
	<b>YES</b>	<b>NO</b>
Are you sick today? <i>Temperature will be taken prior to vaccination.</i>		
Do you have any allergies to medication, foods, or any vaccines? If yes, please explain the allergy: _____		
Have you ever had a serious reaction to influenza vaccine in the past?		
Have you had a seizure, brain or other nervous system problem, including Guillain-Barré Syndrome?		

**CONSENT TO VACCINATE**

I have been given a copy and I have read, or had explained to me, the information in the Vaccine Information Statement(s) for the vaccine I will be receiving. I understand that for coordination purposes only, this information may be shared with the staff at the Sumter County School Board. I have had a chance to ask questions and fully understand the benefits and risks of each of the indicated vaccines and ask the following vaccine be to me on the scheduled school clinic date (initial all that apply):

FluLaval Quadrivalent

Printed Name of Parent or Guardian of Patient:	Signature of Parent or Guardian of Patient:	Today's Date:
--	---	---------------

# 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](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://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 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. Influenza vaccines

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.

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.



**U.S. Department of Health and Human Services**  
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](http://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](http://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](http://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](http://www.cdc.gov/flu).

