

## AUGLAIZE COUNTY HEALTH DEPARTMENT

*prevent. promote. protect.*

Dear Parents/Guardians of **Minster** Students Entering 12th Grade in the Fall of 2023 or Students 18 years or older-

The Ohio Department of Health requires Ohio students receive two doses of Men ACWY (meningococcal serogroup A,C,W and Y) vaccine prior to entry into the 12th grade. (Many students may have received the first dose of meningococcal vaccine at the age of 11-12). If the first dose of MenACWY was administered on or after the 16<sup>th</sup> birthday, a second dose is not required. In order to assist parents and students in meeting this requirement, **the Men ACWY vaccine will be offered on March 10, 2023 at Minster School.**

**In order to receive the Meningococcal vaccine at Minster School on March 10, 2023:**

- Read the Meningococcal Vaccine Information Statement (VIS)
- Complete **both** sides of the Consent Form with parent/guardian or  $\geq 18$  year old student's signature. **Send completed form to school with student by March 2, 2023.**
- Auglaize County Health Department (ACHD) recognizes most commercial health insurance companies cover preventative services like vaccines. It is important to **complete Steps 1 -5 on the Financial Responsibility Form accurately** as ACHD has limits on the supply of vaccine for students with low or no health insurance coverage. **\*Please attach a copy of insurance card**
- The immunization record will be updated if sent along with the student.
- **A good breakfast/lunch with fluids is encouraged the day of the injection.**

**Other recommended vaccines available by appointment at ACHD:**

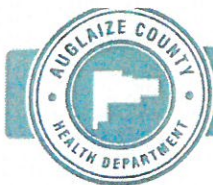
- Human Papillomavirus (HPV) – two/three dose series is recommended for females and males to protect against reproductive organ cancers and genital warts.
- Meningococcal B – permissive two dose vaccine to protect against serogroup B meningitis.
- Seasonal Influenza – one dose yearly to protect against 4 strains of respiratory flu.

**Please do not delay in getting the meningococcal vaccine at this time. Please call the Auglaize County Health Department and speak with the Immunization Department if you are unsure your child is up to date on all other recommended vaccines. You can also check with your family physician or pharmacy for vaccine availability.**

If your child or yourself  $>18$  years old has already received the vaccines, please provide a copy of the immunization record to the school.







## Student Meningococcal (Men ACWY) Consent Form

Name: Last, First, MI			Date of Birth		Age
Address		City	State	Zip	County
Phone	Sex	Race and Ethnicity		Mother's Name	
Student's Grade and School	Client SS#	Pediatrician/Doctor		Father's Name	

		Yes	No
1.	Does the child have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g. diabetes), asthma, or a blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the child had a seizure; has the child had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has the child ever experienced a coma, decreased level of consciousness, or prolonged seizures <b>within one week</b> of receiving a pertussis-containing vaccine (DTap, Tdap) that was not due to another cause?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the child ever had Guillain-Barre Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the child prone to fainting or lightheadedness with shots or blood draws?	<input type="checkbox"/>	<input type="checkbox"/>
8.	<b>Females only:</b> Is the student pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>
9.	<b>Explain any "yes" answers here</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
10.	<b>Staff Use Only:</b> Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>

**Notice of Privacy Practices Acknowledgement:** I have been notified that I can review or ask for a copy of the Notice of Privacy Practices at the school office or I can view them online at [http://www.auglaizehealth.org/sites/default/files/achdn-notice-privacy-practices\\_1.pdf](http://www.auglaizehealth.org/sites/default/files/achdn-notice-privacy-practices_1.pdf).

**Authorization to Release Information:** I understand the Auglaize County Health Department may disclose my protected health information for purposes of treatment, payment and operations of my health to parent or guardian, school, insurance carriers, or/and State of Ohio Immunization Registry.

**Consent for treatment:** I grant permission to the Auglaize County Health Department to give the requested/determined vaccination(s) to the person named above for whom I am authorized to make this request (as Parent/Guardian). I have received and read the Vaccine Information Statements for the vaccines noted and if I have questions concerning the vaccines to be given I can call Auglaize County Health Department at 419-738-3410 and ask to speak with an Immunization Nurse. I understand the benefits/risks associated with the vaccines to be given.

Signature - \_\_\_\_\_

Date \_\_\_\_\_

- Any reference to 'my child' means "myself" once a minor turns 18 years old

### AUGLAIZE COUNTY HEALTH DEPARTMENT STAFF USE ONLY

		Vaccine/VIS	Date Given	Manufacturer	Lot#	Injection Site	Administrator
V	P	Men ACWY / 8/6/21		Sanofi Pasteur		LD RD	



# Patient Financial Responsibility Form

**Step 1** The Auglaize County Health Department (ACHD) accepts Medicaid and is contracted with most commercial health insurance companies. For commercial health insurance, please call the Member Services phone number on the back of your insurance card to verify coverage of preventive vaccine services at our facility, including deductible. To help with verification, you may provide your health insurance company our National Provider Identifier (NPI) # 1801959630

**Step 2 Please Check All That Apply:**

<input type="checkbox"/> My Child has insurance coverage through a Parent's Employer that <b>DOES</b> pay for vaccines	→	Provide copy of both sides of insurance card and complete boxes below. No payment due- we will bill insurance.
<input type="checkbox"/> My Child has insurance coverage through a Parent's Employer that <b>DOES NOT</b> pay for vaccines	→	<b>6<sup>th</sup> grade - \$40 / 11<sup>th</sup> grade - \$20</b> See Accepted Methods of Payment
<input type="checkbox"/> My Child <b>DOES NOT</b> have insurance coverage.	→	<b>6<sup>th</sup> grade - \$40 / 11<sup>th</sup> grade - \$20</b> See Accepted Methods of Payment
<input type="checkbox"/> My Child has Medicaid coverage.	→	Provide copy of front side of card and include the ID# in box below. No payment due.

Please call (419) 738-3410 ext. 127 if you have concerns regarding payment.

**Accepted Methods of Payment (Send to school with completed form)**

- Cash or Check made payable to ACHD- (please include driver's license number on check)
- Auglaize County Health Department participates in the Vaccine for Children (VFC) Program through the Ohio Department of Health. Eligible children through age 18 may be provided vaccines for free. No child who is eligible for VFC vaccines will be denied service for the inability to pay.

Father/Guardian	Mother/Guardian
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____

**Step 4 Primary Insurance**

Name of Insurance:	Policy Holder's Name:
Policy ID #:	Home Address:
Policy Group #:	Phone #:
Policy Payer or EDI #:	Date of Birth:
Policy Holder's Employer:	Relationship to Patient:

**Is Patient Covered by any additional insurance?**      ☐ Yes      ☐ No (If no then skip Secondary Insurance)

**Secondary Insurance (\*)**

Name of Insurance:	Policy Holder's Name:
Policy ID #:	Home Address:
Policy Group #:	Phone #:
Policy Payer or EDI #:	Date of Birth:
Policy Holder's Employer:	Relationship to Patient:

**Step 5 Authorization to pay benefits to Auglaize County Health Department:**

- I authorize payment be made directly to the Auglaize County Health Department for medical services provided to me or my family.
- I understand that I will assume full responsibility for payment for services, if my insurance denies or does not cover my claim for services rendered at Auglaize County Health Department; I accept financial responsibility with or without the use of insurance coverage.
- I understand that I am responsible for notifying the Auglaize County Health Department if there is a change in the insurance coverage.
- Deductible:** I understand that if my insurance carrier determines that I have not met my deductible, that I will be fully responsible for payment in a timely manner. Payment will be made within 30 days of notification by my insurance carrier or Auglaize County Health Department.
- I understand I am responsible for all charges incurred by not providing the most current, correct insurance information to the Auglaize County Health Department.

Signature (Patient/Parent/Legal Guardian)	Relationship to Patient
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# Meningococcal ACWY Vaccine:

## 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?

**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

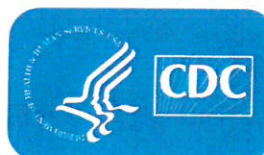
### 2. Meningococcal ACWY vaccine

**Adolescents** need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 year 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



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



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### 3. Talk with your health care provider

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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.

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### 4. Risks of a vaccine reaction

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- 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.

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### 5. What if there is a serious problem?

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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.*

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### 6. The National Vaccine Injury Compensation Program

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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.

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### 7. How can I learn more?

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- 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/vaccines](http://www.cdc.gov/vaccines).





# VACCINES FOR YOUR PRETEEN/TEEN

Learn about vaccines to help your preteen / teen stay healthy through adolescence and beyond.

Tdap  
HPV  
Meningococcal  
Flu  
Chickenpox  
Measles



## Vaccine recommendations for preteens/teens

**Tdap** protects against tetanus, diphtheria, and pertussis (whooping cough). Whooping cough can cause vomiting, gasping for air, and trouble sleeping. It may last for months and is very contagious. This vaccine is required for 7<sup>th</sup> grade entry in Ohio.

**Meningococcal** vaccines protect against the devastating bacterial infection, meningococcal meningitis. The infection can lead to brain damage, arm and leg amputations, kidney damage, and death. Meningococcal (ACWY) vaccine is required for 7<sup>th</sup> and 12<sup>th</sup> grade entry in Ohio. Meningococcal serogroup B vaccine may be administered at the preferred age 16-18 years.

**HPV** (Human papillomavirus) vaccine is given as a series of shots and recommended for both preteen/teen girls and boys. It prevents cervical cancer and several other cancers of the reproductive system, along with genital warts. HPV vaccine works best when all doses are given well before the start of sexual activity, which can spread HPV infection.

**Flu** (influenza) vaccine is needed every year. Flu is much more serious than the common cold. Even healthy young people can get the flu. Children with chronic conditions like asthma and diabetes are especially at risk for pneumonia or even death.

**Chickenpox** vaccine protects against more than just an itchy rash. The disease can cause pneumonia or serious skin infections. Kids need two shots, but many didn't get their second shot. Ask your healthcare provider if your preteen/teen needs a chickenpox shot.

**Measles, mumps, rubella** vaccine protects against highly contagious diseases that can lead to brain damage and death. Students need two shots before school entry in Ohio.

## Preparing to Receive Vaccines

- ✓ We advise a good breakfast/lunch with fluids on injection day.
- ✓ 6<sup>th</sup> graders will be receiving Tdap and Meningococcal (ACWY) vaccines at your school to meet required 7<sup>th</sup> grade entry.
- ✓ 11<sup>th</sup> graders will be receiving Meningococcal (ACWY) vaccine at your school to meet 12<sup>th</sup> grade entry.
- ✓ While the above listed vaccines are required for 7<sup>th</sup> and 12<sup>th</sup> grade school entry, HPV (human papillomavirus) and other vaccines are recommended.
- ✓ Please call Auglaize County Health Department for more information – or to schedule an appointment – 419-738-3410 option 4



AUGLAIZE COUNTY  
HEALTH DEPARTMENT  
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(2/22)

Adapted from [ShotsForSchool.org](http://ShotsForSchool.org)  
imm-1054E5 (9/16)

