

DON'T BE BLUE BECAUSE OF THE FLU

Health Departments in the KC metro area are coordinating efforts to offer flu shots to the public on the same day. This effort is meant to test their plans for giving mass vaccinations. In Leavenworth County, the Health Department, the Emergency Management Department, Council on Aging, St. John Hospital, Cushing Hospital, City of Leavenworth and the Sheriff's Office are working together to make this event a success.

How can you help?

By participating, you will protect yourself from seasonal flu and help county employees practice their emergency plans.

What: Drive thru flu clinic for adults 18 and older

When: Thursday, October 23, 2008

Time: 9 AM to 1 PM

Where: 10th Avenue Park, Leavenworth, Kansas
Across from Warren Middle School

Cost: Free to first 100, courtesy of St. John Hospital. Then \$10 payable by cash, checks (made out to Leavenworth County Health Dept.) Medicare Part B, and Medicaid

Helpful Hints for the Clinic:

1. The clinic will start at 9:00 a.m. and end at 1:00 p.m. Due to school traffic in the morning please do not come early to wait in line. Vehicles that are in line at 1:00 p.m. will be served.
2. Enter the drive thru clinic from 10th Ave.
3. A complete health form will be required to get a flu shot. Filling the health form out before you come to the clinic is highly recommended. You can find a copy of the form at the following locations:
 - On the web at www.bepreparedleavenworth.org or www.leavenworthcounty.org or www.lvks.org
 - Local libraries
 - City Halls in Leavenworth County
 - Leavenworth County Courthouse
 - Leavenworth County Council on Aging
 - Leavenworth County Justice Center
4. Please remember to have your payment or medical card with you when you come.
5. Wear clothing that will allow easy access to your upper arm.

For more information, please call the Leavenworth County Health Department at 250-2000.

HEALTH ASSESSMENT FORM

Influenza Clinic 2008

Required Fields in Bold

DEMOGRAPHIC INFORMATION

Last Name:

First Name:

Middle:

Address:

City:

State:

Zip:

County:

Home Phone:

Birthdate: MM / DD / YYYY

Sex: M F

Marital Status: Single Married

Race:

HEALTH HISTORY

Are you sick or experiencing a high fever?

Yes

No

Have you ever had Guillain-Barré Syndrome?

Yes

No

Have you had a severe allergic reaction to any of the following? Check all that apply:

- Egg
- Flu Vaccine
- Thimerosal (mercury)
- Any other vaccine

I would like to receive the pneumonia vaccine. Yes No

Please check the following statements that apply to you.....

- I have had the pneumonia vaccine since turning the age of 65?
- I have had the pneumonia vaccine in the last 5 years?
- I have had the pneumonia vaccine before the age of 65? _____ Age Now
- I have never had the pneumonia vaccine before.

BILLING INFORMATION (if applicable)

Social Security #:

Medicaid Number:

Medicare Number with Letter:

The above Information is correct and complete to the best of my knowledge.

I have read the information regarding the vaccine(s) and have received the Vaccine Information Sheet.

I understand this is a voluntary program and that I am not required to receive the vaccine(s) and that it is being given with verbal and written screening under medical protocols by the appropriate medical officials.

I understand there is no guarantee that the vaccine(s) will be effective or that the vaccine(s) will be free of side effects.

I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) be administered to me.

I have read this release carefully before signing and have been given an opportunity to ask questions about this procedure.

I authorize release of this information to appropriate health providers and/or payers in accordance with the Notice of Privacy Practices.

**Patient/
Guardian signature:**

Witness signature
(if required)

Date