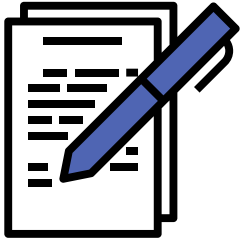


Adolescent Immunization Checklist




What you will need to bring:

- Signed Consent for immunization
- Signed HIPPA form
- Insurance Card
- Immunization Record (if you have one)

Which 7th grade Immunizations are you getting?

Check the vaccines
you wish to receive

- Tdap (Tetanus/Diphtheria/Pertussis **(Required)**)
- Meningococcal ACWY **(Required)**
- HPV (Human Papillomavirus (Strongly encouraged))

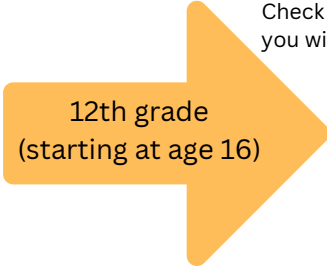


7th grade
(starting at age 12)

Which 12th grade Immunizations are you getting?

Check the vaccines
you wish to receive

- Meningococcal ACWY **(Required)**
(2nd shot to completes the series)
- Meningococcal B (Strongly encouraged)
(2nd shot to be given 6 months later to complete series)
- HPV (Human Papillomavirus (Strongly encouraged)
(If not previously started- will require 3 shots if after age 15)



12th grade
(starting at age 16)

*Click on the links below to view the (VIS)Vaccine Information Statements
for each of the above listed Vaccines*

Tdap -VIS (Vaccine Information Statement)

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html>

Meningococcal ACWY -VIS (Vaccine Information Statement)

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

HPV -VIS (Vaccine Information Statement)

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html>

Meningococcal B -VIS (Vaccine Information Statement)

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>

Meningococcal ACWY (serogroups A, C, W, & Y)

Meningococcal disease is a life-threatening illness caused by bacteria that infect the blood, brain, and spinal cord that can progress quickly. 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 B (serogroup B)

Meningococcal disease is a life-threatening illness caused by bacteria that infect the blood, brain, and spinal cord that can progress quickly.

67% of ALL meningococcal disease are this serogroup B

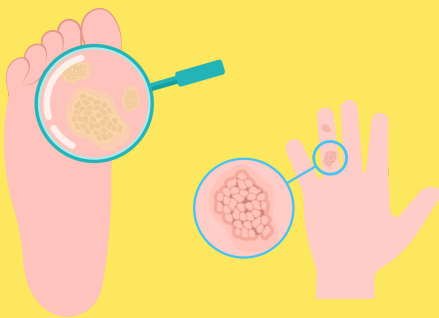


Meningococcal disease is often spread by sharing cups, kissing, group sports, and dorm living.

Human Papillomavirus

HPV vaccine helps to prevent some types of cancer caused by the Human Papillomavirus.

These types of cancers include cervical, vaginal, vulvar, penile, anal and throat cancers.



Tdap (Tetanus/Diphtheria/Pertusis)

Tetanus, Diphtheria, Pertusis are potentially serious bacterial infections that can be prevented with this vaccine.

Tetanus causes painful stiffening of muscles. Diphtheria can lead to difficulty breathing, heart failure and paralysis.

Pertussis is also known as “whooping cough”, it causes bad coughing episodes making it difficult to breath.



Screening Checklist for Contraindications

to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

YOUR NAME _____

DATE OF BIRTH / /
month day year

For parents/guardians: The following questions will help us determine if human papillomavirus (HPV), meningococcal conjugate (MenACWY), meningococcal serogroup B (MenB), and tetanus, diphtheria, and acellular pertussis (Tdap) vaccines may be given to your teen today. If you answer “yes” to any question, it does not necessarily mean your teen should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is your teen sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your teen have allergies to a vaccine component or to latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your teen had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your teen had a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your teen pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your teen ever felt dizzy or faint before, during, or after a shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your teen anxious about getting a shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your teen's immunization record card with you? yes no

It is important to have a personal record of your teen's vaccinations. If you don't have one, ask your healthcare provider to give you one with all of your teen's vaccinations on it. Keep it in a safe place and be sure your teen carries it every time he/she seeks medical care. Your teen will likely need this document to enter school or college, for employment, or for international travel.



Information for Healthcare Professionals about the Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed in **Notes** below.

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

1. Is your teen sick today? (HPV, MenACWY, MenB, Tdap.)

There is no evidence that acute illness reduces vaccine effectiveness or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (such as otitis media, "colds," diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. Does your teen have allergies to a vaccine component or to latex?V (HPV, MenACWY, MenB, Tdap.)

Latex: An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

An injection-site reaction (e.g., soreness, redness, delayed-type local reaction) to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component.

3. Has your teen had a serious reaction to a vaccine in the past? (HPV, MenACWY, MenB, Tdap.)

Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of corresponding vaccines (see question 2). Usually, one defers vaccination when a precaution is present unless the benefit outweighs the risk (e.g., during an outbreak). **A history of encephalopathy** within 7 days of DTP/DTaP is a contraindication for further doses of any pertussis-containing vaccine, including Tdap.

4. Has your teen had brain or other nervous system problems? (Td/Tdap.)

Tdap is contraindicated in teens who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic

disorders (including seizures) unrelated to vaccination, or for people with a family history of seizures, vaccinate as usual. A history of **Guillain-Barré syndrome** (GBS) within 6 weeks of a tetanus-toxoid vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td.

5. Is your teen pregnant? (HPV and MenB.)

MenB should not be given except to those with an elevated risk of exposure during pregnancy. HPV vaccine is not recommended during pregnancy. Injectable influenza vaccine, COVID-19 vaccine, Tdap, and RSV vaccines are explicitly recommended during pregnancy.

6. Has your teen ever felt dizzy or faint before, during, or after a shot?

Fainting (syncope) or dizziness (presyncope) is not a contraindication or precaution to vaccination. However, for some people these can be a response to vaccination anxiety. People in adolescent and young adult age groups are more likely to experience syncope. CDC recommends that vaccine providers consider observing all patients for 15 minutes after vaccination. This is especially important for people with a pattern of injection-related syncope. For more information about vaccination-related syncope, see www.immunize.org/catg.d/p4260.pdf.

7. Is your teen anxious about getting a shot?

Anxiety can lead to vaccine hesitancy or avoidance. Simple steps can ease a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/clinical/topic/addressing-anxiety.

VACCINE ABBREVIATIONS

DTP = Diphtheria, tetanus, pertussis vaccine
DTaP = Diphtheria, tetanus, (acellular) pertussis vaccine
HPV = Human papillomavirus vaccine
MenB = Meningococcal serogroup B vaccine
MenACWY = Meningococcal serogroups A, C, W, Y
RSV = Respiratory syncytial virus
Td/Tdap = Tetanus, diphtheria, (acellular) pertussis vaccine



Ottawa County Health Department

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review this carefully.

What Protected Health Information Is

Protected Health Information (PHI) is individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care. This notice describes the Ottawa County Health Department Privacy Practice that explains how, when and why we may use or disclose your PHI. We are required to follow the privacy practices described in this notice, though **we reserve the right to change our privacy practices and the terms of this notice at any time.** If we do so, you may request a copy of the notice from the Ottawa County Health Department, 1856 E. Perry Street, Port Clinton, OH 43452.

Uses & Disclosures of Your Personal Health Information

Except for the items listed below the Ottawa County Health Department will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use and disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

For Treatment: The Ottawa County Health Department may use or disclose your PHI to doctors, nurses and other health care personnel who are involved in your care or coordinating care. The Ottawa County Health Department may share your PHI with outside entities involved in your care including but not limited to pharmacists, laboratories, or other health care professionals.

To Obtain Payment: The Ottawa County Health Department may use or disclose your PHI in order to process bills for services rendered.

To Conduct Health Care Operations: The Ottawa County Health Department may use or disclose your health information for staff and contracted personnel for training purposes, compliance reviews, medical reviews, legal services, or quality assessment.

Appointment Reminders: The Ottawa County Health Department may contact you to provide appointment reminders. You have the right to request to receive communications regarding your personal health information from us by alternative means or at alternative locations. The Ottawa County Health Department will accommodate any reasonable request.

For Treatment Alternatives: The Ottawa County Health Department may use and disclose your health information to recommend or inform you of possible treatment options or alternatives that may be of interest to you.

Uses & Disclosures Not Requiring Your Authorization

When Required by Law: The Ottawa County Health Department may disclose PHI when it is required to do so by law. The Ottawa County Health Department is allowed to notify government authorities if the department believes a patient is the victim of abuse, neglect, domestic violence or suspected criminal activity. The Ottawa County Health Department will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

For Public Health Activities: The Ottawa County Health Department may disclose PHI for purposes in order to prevent or control disease, injury or to report vital statistics to the public health authority.

For Health Oversight Activities: The Ottawa County Health Department may disclose PHI for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action.

Relating to Decedents: The Ottawa County Health Department may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors and to organ procurement organizations relating to organ, eye or tissue donations or transplants.

To Advert Threat to Health or Safety: The Ottawa County Health Department may, consistent with applicable law and ethical standards of conduct, disclose PHI in order to prevent or lessen a serious threat to health or safety to your health or to the health and safety of the public.

For Specific Government Functions: The Ottawa County Health Department may use or disclose your health information of military and veterans in certain situations, to correctional facilities in certain situations, to government benefits program relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Use and Disclosure Requiring You to Object.

The Ottawa County Health Department may disclose a limited amount of PHI, if the department informs you in advance and you do not object, as long as law does not otherwise prohibit the disclosure. If there is an emergency situation and you cannot be given the opportunity to object, disclosure will be made if it is consistent with prior expressed wishes and disclosure is determined to be in your best interest. You must be informed and given an opportunity to object to further disclosure. As soon as you are, the Ottawa County Health Department may disclose a limited amount of PHI, if the department informs you in advance and you do not object, as long as law does not otherwise prohibit the ability to do so.

To Families, Friends or Others Involved in Your Care: The Ottawa County Health Department may share information directly related to their involvement in your care, or payment for your care. The Ottawa County Health Department may share PHI to notify them about your general condition or death.

Your Rights Regarding Your Protected Health Information

To Request Restrictions on Uses/Disclosures: You have the right to ask the Ottawa County Health Department to limit how we use or disclose your PHI. You have the right to request a limit on the Ottawa County Health Department's disclosure of your health information to someone who is involved in your care or the payment of your care. The Ottawa County Health Department will consider your request, but are not legally bound to agree to the restriction.

To Choose How We Contact You: You have the right to ask that the Ottawa County Health Department send you information at an alternate address or by an alternative means. The Ottawa County Health Department must agree to your request as long as it is reasonably easy for us to do so. You have the right to ask the Ottawa County Health Department to conduct communication pertaining to your health information with you privately with no other family members present. The Ottawa County Health Department will attempt to honor your request except in emergency situations.

To Inspect and Copy Your PHI: You have a right to see your protected health information upon your written request. The Ottawa County Health Department will respond to your request within 30 days of receiving your request. If you want copies of your PHI, the Ottawa County Health Department may charge a fee for copying and assembling depending on the circumstances. You may request prior information on the cost.

To Request Amendment of Your PHI: If you believe that there is a mistake or missing information in the Ottawa County Health Department's record of your PHI, to correct or add to the record we must have your request in writing. We will respond to your request within 60 days of receiving your request. The Ottawa County Health Department may deny the request if we determine that the PHI is (1) correct and complete in the opinion of the Ottawa County Health Department (2) not created by the Ottawa County Health Department and/or not part of our records, or (3) the part you wish to amend you are not permitted to inspect or copy.

To Find Out What Disclosures Have Been Made: You have the right to get a list of when, to whom, for what purpose, and what content of your PHI has been released (other than disclosure for treatment, payment and operations). Your request for an accounting must be made in writing. The Ottawa County Health Department will respond to your request within 60 days of receiving your request. The list will not include any disclosures made before April 14, 2003. Your request can relate to disclosures going as far back as six (6) years but not earlier than April 14, 2003. In your request you must specify the time period for the accounting to start on or after April 14, 2003. There will be no charge for up to one list each year. There may be a charge for more frequent requests.

To Receive This Notice: You have a right to receive a paper copy of this notice and/or an electronic copy by email upon request. You may obtain a copy of the current version of the Ottawa County Health Department's Notice of Privacy Practices at our website www.ottawahealth.org.

How to Complain About Our Privacy Practices.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Health Commissioner, Ottawa County Health Department, 1856 E. Perry Street, Port Clinton, Ohio 43452 or by calling 419-734-6800. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, HHH Bldg., Room 440-D, Washington, DC 20201; Phone: 202-690-5896. The Ottawa County Health Department will take no retaliatory action against you if you make such complaints.

Contact Person for Information or to Submit a Complaint

If you have questions about this notice or any complaints about our privacy practices, please contact the Health Commissioner, Ottawa County Health Department, 1856 E. Perry Street, Port Clinton, OH 43452.

Effective Date

This notice is effective as of April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at 419-734-6800.

Signature below is only acknowledgement that you have received this notice of our Privacy Practices:

Printed Name of Patient: _____ Patient DOB: _____

Patient/ Parent/ Guardian's Signature: _____

Date: _____ Witness Signature: _____