

General Vaccine Information

Vaccine Benefits: Why Get Vaccinated?

Vaccines protect people from serious diseases caused by viruses and bacteria. These diseases have injured and killed many children and adults over the years. It is always better to prevent a disease through vaccination than to treat it.

- The United States averaged more than 1,300 cases of tetanus and 175,000 cases of diphtheria each year before vaccines. Since vaccines have been available, tetanus cases have fallen by over 96% and diphtheria cases by over 99.9%.
- In 2004 there were more than 15,000 cases of pertussis among adolescents and adults. The new Tdap vaccine will help prevent this from occurring again.
- Chickenpox is usually mild, but it can be very serious especially in young infants and adults. Before the vaccine, about 11,000 people were hospitalized for chickenpox and 100 people died each year in the United States.
- Meningococcal disease is the leading cause of bacterial meningitis in children 2 through 18 years. About 1,000-2,600 people get meningococcal disease each year in the United States. Even when treated with antibiotics, 10-15% of these people die and another 11-19% has serious life long disabilities as a result of the illness. The vaccine is recommended for children and adolescents 11 through 18 years of age.

Possible Vaccine Reactions

Vaccines can cause side effects, like any other medicine. Mostly these are mild “local” reactions such as tenderness, redness or swelling where the shot is given, or a mild fever. They happen in up to 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can’t tell whether they are caused by vaccines or not.

Among the most serious reactions to vaccines are severe allergic reactions to a substance in a vaccine. These reactions happen very rarely-less than once in a million shots. They usually happen very soon after the shot is given. The risk of any vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine.

Before Receiving a Vaccine(s)

Talk with your health care provider if your child has any of the following:

- Epilepsy or another nervous system problem
- History of Guillain Barre Syndrome
- An immune system disorder
- Recent blood transfusion
- Mild or severe illness at the time the vaccine is scheduled

Some Children Should Not Receive Certain Vaccines

Tdap (Tetanus, Diphtheria, Pertussis)

- Anyone who has had a life-threatening allergic reaction after receiving a DTP, DTaP or Td
- Anyone who had seizures or experienced a coma within 7 days of receiving a dose of DTP or DTaP

Varicella (chickenpox)

- Anyone who has had a life-threatening allergic reaction to a previous dose of chickenpox vaccine or to gelatin or neomycin

For more information, please contact:



**HEALTH DEPARTMENT
(414) 329-5275**

DEPARTMENT OF HEALTH SERVICES

Division of Public Health
F-00051 (3/09)

STATE OF WISCONSIN

Wis. Stats. 252.04

Authorization To Receive Tetanus, diphtheria, acellular pertussis (Tdap), Varicella, Meningococcal Conjugate (MCV4) Vaccine(s)

Information collected on this form will be used to document authorization for receipt of Tdap, varicella and/or MCV4 vaccine(s) at your child's school. Information may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your child to assure completion of the vaccine schedule.

My signature below authorizes my child to receive these vaccine(s): Check all that apply: _____	<input type="checkbox"/> Tdap (Tetanus, diphtheria, acellular pertussis) vaccine [Required (1 dose)]
	<input type="checkbox"/> Varicella (Chickenpox) vaccine [Required (2 doses)]
	<input type="checkbox"/> MCV4 (Meningococcal conjugate) vaccine [Recommended (1 dose)]

Patient's Name (Last, First, Middle Initial)	Mother's Maiden Name (Last, First, Middle Initial)
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Address	P. O. Box	City	County	State	Zip Code
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Home Telephone Number ()	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (Check one) <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific <input type="checkbox"/> White <input type="checkbox"/> Other	Ethnicity (Check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
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Eligibility Status - This section must be completed. (Check all that apply)

<input type="checkbox"/> Native American	<input type="checkbox"/> Badger Care	<input type="checkbox"/> Insured, Vaccines Covered
<input type="checkbox"/> Medicaid Eligible	<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> Insured, Vaccines Not Covered

Name of Physician	Name of School	Grade
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Name of Parent or Guardian Responsible for Patient (Last, First, Middle Initial)	Relationship to Patient
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Okay to share immunization data with Wisconsin Immunization Registry (WIR)?
 Yes No

I have been given a copy and have read, or have had explained to me, information about the disease(s) and vaccine(s) to be received. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) be given to me or to the person named above for whom I am authorized to make this request.

Wisconsin Medicaid restricts billing recipients for any covered service(s). I understand that if I am a Medicaid / BadgerCare recipient I cannot be charged an administration fee or asked for any type of donation for the administration of any vaccine that is being provided.

SIGNATURE - Person to receive vaccine or person authorized to sign on the patient's behalf. X	Date Signed
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FOR OFFICE USE		
Tdap: route= IM site (circle one) RD or LD dose number= 1 Manufacturer _____	Lot No. _____	VIS date: 11/18/08
Varicella: route= SQ site (circle one) RD or LD dose (circle one) 1 or 2 Manufacturer _____	Lot No. _____	VIS date: 03/01/08
MCV4: route= IM site (circle one) RD or LD dose number= 1 Manufacturer _____	Lot No. _____	VIS date: 01/28/08
Signature and title of person administering vaccine: _____		Date vaccine administered: _____
LHD clinic address: _____		