Linn County Immunization Coalition
Protecting Our Communities Through Education & Vaccination

Cedar Rapids Community School District
Excellence for All

Public Health
Prevent. Promote. Protect.

Tdap and HPV Vaccinations

Dear Parent/Guardian,

All students entering, advancing or transferring into 7th grade and born on or after September 15, 2000, will need proof of an adolescent tetanus, diphtheria, and pertussis (whooping cough) booster immunization (called "Tdap") for school. Since the 2013-2014 school year Tdaphas been a mandatory vaccination for admission into the 7th grade. Your school will be offering a Tdap vaccination clinic this school year.

Additionally, Linn County Immunization Coalition, Linn County Public Health and the Cedar Rapids Community School District are working together to make vaccine available to protect students from cancers associated with the human papillomavirus.

HPV is short for human papillomavirus. HPV is very common; about 79 million people in the United States, most in their teens and early 20s, are infected with HPV. Many HPV infections go away, but sometimes HPV can cause genital warts or cancer. Each year in the United States, about 17,000 women get cancer that is linked with HPV, and cervical cancer is the most common. Around 9,000 men get an HPV-associated cancer, and the most common are cancers of the back of throat, tongue, and tonsils. *The HPV vaccine is important because the HPV infections that cause most of these cancers could be prevented with vaccination.*

HPV vaccines are given in a series of 3 shots over six months. For the best protection against the most dangerous types of HPV, it is very important to get all 3 shots.

HPV vaccine has a very good safety record. More than 57 million doses have been distributed in the U.S. In the seven years since the vaccine was recommended, safety studies continue to show that HPV vaccines are safe with very few side effects. Some preteens and teens may feel lightheaded, dizzy or like they may faint when getting any vaccine, including HPV vaccine. After a preteen or teen gets a vaccine, it's a good idea to hang out for 15 minutes before leaving, just to make sure they don't get hurt if they do faint.

All students who receive a vaccination will have a card sent to their primary care provider's office alerting the provider that your child has received the Tdap and/or HPV vaccination. A card and additional consent forms will also be sent to each family to remind the parent/guardian of the need to obtain the 2nd and 3rd dose of vaccine.

There will be an immunization clinic for these vaccines held at your child's school on _____. These vaccines will be given to students at school if the appropriate forms have been completed, signed and returned to the school. A copy of the insurance card(s) for the student will need to be attached to each completed consent form if the student has insurance. Additional vaccines are also recommended for this age group. Please contact your child's school Health office if you have questions regarding any of these vaccines.

A copy of the insurance card and signed consent need to be returned to the school by _____

_____.

If you have any questions or concerns please contact the Linn County Immunization Coalition at 319-892-6061 or at info@linncountyimmunization.org or Kim Rimmer from the Metro Care Connection Clinic at 319-558-2481. Please feel free to contact your primary care provider or school nurse for any additional information.

Thank You!

Form must be completed or student is not eligible for vaccine. Only one form per student.

Tdap and HPV Vaccination Form: One form per student

Student Name: _____ Date of Birth: _____ Age: ___
Address: _____ City: _____ Zip: _____
Home Phone: _____ Parent Cell Phone: _____
School Name: _____ Grade: _____
Student's Primary Care Provider Name and Address:

_____

I want my child to receive (circle all that apply) Tdap HPV

Patient Eligibility For VFC- Please check all that apply.				
__Medicaid:	__ Private Insurance	__No Health Insurance:	__Native American/Alaska Native:	__ Underinsured: *(Vaccine not covered by insurance.) Please call your insurance if you have questions regarding coverage.*

Medical Insurance Company: _____
Policy Number: _____
Group Number: _____
Subscriber Name: _____
Subscriber Date of Birth: _____
Subscriber Address: _____
Subscriber City/State/Zip: _____
Subscriber Phone: _____

All co-pays will be billed to the subscriber. Please attach copy of card to form.

Immunization Screening Questionnaire	
1. Is the person to be vaccinated currently sick or experiencing a high fever?	Yes or No
2. Has the person to be vaccinated had a serious reaction to a vaccine in the past? If yes, please explain.	Yes or No
3. Does the person to be vaccinated have any allergies that produce a severe (anaphylactic) reaction?	Yes or No
4. Has the person to be vaccinated had a seizure or other neurological problem, not including seizure due to fever?	Yes or No
5. Does the person to be vaccinated have any medical problems that make it hard for him/her to fight infection?	Yes or No
6. Is the person to be vaccinated allergic to yeast?	Yes or No
7. Has the person to be vaccinated received blood, plasma, or immune globulin in the past 12 months?	Yes or No
8. Is the person to be vaccinated pregnant or thinking of becoming pregnant in the next 12 months?	Yes or No

To the best of my knowledge the above information I have provided about my child's medical history is correct. I have been given a copy and understand the Tdap/HPV Vaccine Information Statement Sheet attached. I understand the benefits and risks of the vaccines I am requesting. I give consent for my child named on this form to receive the indicated vaccine/s.

Parent Signature: _____ Date: _____

For clinic Use Only:

VACCINE #1 *Lot Number:* *Site: LD RD* *Signature/ Date given*	*VIS Number* *0.5 ML IM*	***VACCINE #3*** *Lot Number:* *Site: LD RD* *Signature/ Date given*	*VIS Number* *0.5 ML IM*
VACCINE #2 *Lot Number:* *Site: LD RD* *Signature/ Date given*	*VIS Number* *0.5 ML IM*	***VACCINE #4*** *Lot Number:* *Site: LD RD* *Signature/ Date given*	*VIS Number* *0.5 ML IM*
Lot Number:	*VIS Number*	*NDC Number*	