

Lisa P. Allardice MD, F.A.A.P.
 Mindy Scheible, NP-C
 Diana Hess, CPNP
 Carlie Frederick, APRN-BC



Today's Date: _____

P

PATIENT FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____
 MARK THE NAME PATIENT GOES BY

PATIENT SSN: _____ PATIENT DOB: _____ SEX: M F

BILL PAYER: _____ PATIENT LIVES WITH: _____
 ADDRESS: _____ ADDRESS: _____
 CITY: STATE: ZIP: CITY: STATE: ZIP:

MOTHER'S CELL PHONE: - - MOTHER'S WORK PHONE: - - HOME PHONE: - -
 FATHER'S CELL PHONE: - - FATHER'S WORK PHONE: - - ALT. PHONE: - -

A

Mother's Name: _____ Maiden Name: _____ Mother's DOB: _____
 Mother's Employer: _____ Mother's SSN: _____
 Father's Name: _____ Father's SSN: _____ Father's DOB: _____
 Father's Employer: _____
 PRIMARY INSURANCE: _____ DAD'S INSURANCE _____ MOM'S INSURANCE _____ OTHER: _____
 SECONDARY INSURANCE: _____ DAD'S INSURANCE _____ MOM'S INSURANCE _____ OTHER: _____

L

NUMBER OF PEOPLE LIVING IN CHILD'S HOUSEHOLD _____ MOTHER IN HOUSEHOLD: Y N FATHER IN HOUSEHOLD: Y N

SIBLING: _____ AGE: _____ HEALTHY: Y N

S

PERSONS ALLOWED TO BRING CHILD TO OFFICE VISITS FOR TREATMENT _____ RELATIONSHIP TO PATIENT _____

PATIENT MEDICAL HISTORY

PATIENT NAME: _____

Please circle if your child has had any of the following:

- | | | | | |
|------------------|--------------------------|-------------------------|--------------------------|-------------------|
| Bronchiolitis | Kidney Disease | Blackout Spells | Congenital Heart Disease | Behavior Problems |
| Bronchitis | Kidney Infections | Brain Disease or Injury | Neurofibromatosis | Eye Problems |
| Persistent Cough | Problems Urinating | Cerebral Shunt | Tuberous Sclerosis | Skin Problems |
| Wheezing | Urinary Tract Infections | Headaches | Chicken Pox | Immune Problems |
| Whooping Cough | Urologic Malformations | Seizures | Mumps | Thyroid Problems |
| Allergies | Constipation | Staring Spells | Measles | Sleep Problems |
| Hay Fever | Diarrhea | Broken Bones | German Measles | Bleeding Problems |
| Sinusitis | Excess Weight Gain | Joint Problems | Malignancy or Bone | Eating Problems |
| Scarlet Fever | Excess Weight Loss | High Blood Pressure | marrow Transplant | Prematurity |
| Strep Throat | Frequent Vomiting | Treatment with medicine | Solid Organ Transplant | |
| Tonsillitis | Soiling Pants | known to raise blood | Poisoning | |
| Bed Wetting | Stomach Ache | pressure | Meningitis | |

Please specify any allergies your child has had in the past: _____

Please list any medical problems, surgeries, specialists: _____

Please list all medications currently taken: _____

Hospitalizations: _____

Circle if your child had any of the following with baby shots (immunizations): High Fever, Seizure, Leg Swelling, Uncontrollable Screaming, Other _____

Pregnancy, labor, delivery and nursery: Was your pregnancy planned? Yes No

Circle if you had any of the following during pregnancy:

- | | | | |
|---------------------------------|-------------------------|-----------------------|----------------------|
| C-Section | Labor longer than 1 day | Hepatitis B or C | Other pain medicines |
| Reason for C-Section | Early labor | Syphillis | Kidney infections |
| _____ | Vacuum | Gonorrhea | Other infections |
| Spinal/Anesthesia | Forceps | High blood pressure | Medicines other than |
| Infection or fever during labor | Group B Strep | Alcohol or drug abuse | prenatal vitamins |
| Water leaking > 1 day | HIV | Cigarette use | Cigarette Exposure |

Circle if the baby had any of the following problems:

- | | | | |
|---------------------------|--------------|----------------------|------------------------------|
| Problem right after birth | Infection | Jaundice | Longer hosp stay than you |
| Breathing problems | Low sugar | IV or IV antibiotics | Low blood count or anemia |
| Feeding problems | Heart murmur | ICU | Tube, bag or mask to breathe |

What was the child's birth weight? _____ What was the child's Apgar scores? _____
 Was the baby full term? If not, how many weeks early? _____ If child stayed in the ICU, where and how long? _____
 Problems while in ICU? _____
 Any signs or symptoms of maternal/paternal depression since child's birth? Y/N Explain: _____

Family History: Circle in anyone in your family has any of the following:

- | | | | | |
|---|------------------------------|------------------------------|-------------------------|----------------------------|
| Y/N High cholesterol | Y/N Gallbladder disease | Y/N Seizures | Y/N Eye problems | Y/N Birth defects |
| Y/N High blood pressure | Y/N Hepatitis B,C | Y/N Migraines | Y/N Deafness | Y/N Cancer |
| Y/N Rheumatic Fever | Y/N Thyroid disease | Y/N Asthma | Y/N Allergies | Y/N Early death |
| Y/N Kidney stones | Y/N Diabetes | Y/N Cystic Fibrosis | Y/N Eczema | Y/N Mental disease |
| Y/N Congenital kidney disease | Y/N Overweight | Y/N TB (Tuberculosis) | Y/N Skin problems | Y/N Mental retardation |
| Y/N Kidney disease | Y/N Excessive weight gain | Y/N Abnormal fingers or toes | Y/N Cleft lip or palate | Y/N Behavior problems |
| Y/N Ulcers | Y/N Height less than 5' 0" | Y/N Joint disease | Y/N Bleeding problems | Y/N Learning problems |
| Y/N Bowel disease (Ileitis) | Y/N Height greater than 6'4" | Y/N Crippling arthritis | Y/N Leukemia | Y/N Reading problems |
| Y/N Liver problems | Y/N Immune problems | Y/N Sickle cell disease | Y/N Abnormal teeth | Y/N Hyperactivity/ADD/ADHD |
| Y/N Alcohol problem | Y/N Stroke | Y/N Blindness | Y/N Down's Syndrome | Other _____ |
| Y/N Heart Attack (man less than 40 years/ woman less than 50 years) | | | | |

PEDIATRIC ASSOCIATES OF LAGRANGE, P.C.
LISA P. ALLARDICE, M.D., F.A.A.P.
DIANA L. HESS, CPNP

PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION

With my consent, Pediatric Associates of LaGrange, P.C. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Pediatric Associates of LaGrange's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Pediatric Associates of LaGrange reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Pediatric Associates of LaGrange's Privacy Officer at 205 Calumet Center Road, LaGrange, GA, 30241.

With my consent, Pediatric Associates of LaGrange may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Pediatric Associates of LaGrange may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

With my consent, Pediatric Associates of LaGrange may e-mail and/or text to me appointment reminders and patient statements. I have the right to request that Pediatric Associates of LaGrange restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting Pediatric Associates of LaGrange's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Pediatric Associates of LaGrange may decline to provide treatment to me.

I authorize the release of medical information necessary for the completion of insurance forms. I authorize payment directly to Pediatric Associates of LaGrange, P.C., for all medical or surgical benefits otherwise payable to me under the terms of my insurance. I understand that I am financially responsible for all co-payments and any charges not paid by my insurance. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Print Patient's Name

Pediatric Associates of Lagrange
205 Calumet Center Road
Lagrange, GA 30241
(706) 885-1961

Lisa P. Allardice

Congratulations on your new bundle of joy. Oftentimes along with joy come feelings of sadness or being overwhelmed. Our office cares about your family and wants you to know we are here for you. It is recommended by the American Academy of Pediatrics to screen parents for postpartum depression. Our office wants to be supportive of efforts to address postpartum issues. We will ask you to complete this screening tool at newborn through your baby's first year visits. Depending on your score, we have resources that we can offer you if you have any signs of postpartum depression or just need to talk to someone about what you're feeling.

Postpartum depression is not the same as baby blues, which you may be familiar with. Postpartum depression lasts longer and is more serious than baby blues. Baby blues are feelings of sadness you may have in the first few days after having a baby. Baby blues can happen 2 to 3 days after you have your baby and can last up to 2 weeks. You may have trouble sleeping, be moody or cranky, and cry a lot. Postpartum depression (also called PPD) is a kind of depression that some women get after having a baby. It is strong feelings of sadness, anxiety (worry) and tiredness that last for a long time after giving birth. These feelings can make it hard for you to take care of yourself and your baby. PPD can happen any time after childbirth, but it often starts within 1 to 3 weeks of having a baby. Please remember PPD is not your fault and you didn't do anything to cause PPD. It doesn't make you a bad person or a bad mother. You are not alone. Please feel free to reach out to us since up to 1 in 7 women has PPD after giving birth, and it's the most common complication for women who have just had a baby. It's a medical condition that needs treatment to get better. If you have feelings that last longer than 2 weeks or if something doesn't seem right, call your healthcare provider.

With your permission we will share your scores with your OB/GYN. If needed, we will also give you information regarding resources and support networks.

- Permission to share with my OB/GYN or Primary Care Provider:

Name: _____ Phone: _____

- My contact information may be shared with referral sources:

Referral Source Name: _____ Phone: _____

Signature: _____ Date: _____

Print your name: _____

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
2. I have looked forward with enjoyment to things
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
3. I have blamed myself unnecessarily when things went wrong
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never
4. I have been anxious or worried for no good reason
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
5. I have felt scared or panicky for no very good reason
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
6. Things have been getting on top of me
 - Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all
8. I have felt sad or miserable
 - Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all
9. I have been so unhappy that I have been crying
 - Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never
10. The thought of harming myself has occurred to me
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

²Source: K. L. Wisner, B. L. Parry, C. M. Plontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Patient Name: _____

Lead Risk Assessment Questionnaire

Circle Yes or No

*If Yes, please explain

- | | | | |
|--|-----|----|-------|
| 1. Does your child live in or often visit a house that may have been built before 1978? | Yes | No | _____ |
| 2. Does your child live in or often visit a house that is being remodeled or is having paint removed? | Yes | No | _____ |
| 3. Does your child live with or often visit another child that has an elevated blood lead level? | Yes | No | _____ |
| 4. Does your child live with anyone that works at a job where lead may be found or has a hobby that uses it? | Yes | No | _____ |
| 5. Does your child chew on or eat any non-food items like paint chips or dirt? | Yes | No | _____ |
| 6. Does your child live near an active lead smelter, battery recycling plant or other industry likely to release lead? | Yes | No | _____ |
| 7. Does your child receive medicines such as <i>greta</i> , <i>azarcon</i> , <i>kohl</i> or <i>pay-loo-ah</i> ? | Yes | No | _____ |

Risk Factors for Hearing Loss

- | | | |
|---|-----|----|
| 1. Parent or caregiver concern regarding hearing, speech, language, or developmental delay | Yes | No |
| 2. Family history of permanent childhood hearing loss | Yes | No |
| 3. NICU stay greater than five days, ECMO, ototoxic medications, loop diuretics, exchange transfusion | Yes | No |
| 4. In utero infections such as CMV, herpes, rubella, syphilis, Toxoplasmosis | Yes | No |
| 5. Craniofacial anomalies, especially involving the ear and temporal bone | Yes | No |
| 6. Stigmata of syndromes known to cause hearing loss, Eustachian tube dysfunction | Yes | No |
| 7. Syndromes associated with hearing loss or progressive or late-onset hearing loss | Yes | No |
| 8. Neurodegenerative disorders or sensory motor neuropathies | Yes | No |
| 9. Postnatal infections associated with sensorineural hearing loss including bacterial meningitis | Yes | No |
| 10. Head trauma | Yes | No |
| 11. Chemotherapy | Yes | No |
| 12. Recurrent or persistent ear infection for at least 3 months | Yes | No |

Parent Signature _____

Date _____

Please check the box and sign if there have been no changes to the above answers since the last checkup.

- | | | |
|---|---------------|------------|
| <input type="checkbox"/> Parent Signature _____ | Witness _____ | Date _____ |
| <input type="checkbox"/> Parent Signature _____ | Witness _____ | Date _____ |
| <input type="checkbox"/> Parent Signature _____ | Witness _____ | Date _____ |
| <input type="checkbox"/> Parent Signature _____ | Witness _____ | Date _____ |
| <input type="checkbox"/> Parent Signature _____ | Witness _____ | Date _____ |
| <input type="checkbox"/> Parent Signature _____ | Witness _____ | Date _____ |
| <input type="checkbox"/> Parent Signature _____ | Witness _____ | Date _____ |
| <input type="checkbox"/> Parent Signature _____ | Witness _____ | Date _____ |

Patient Name: _____

Hepatitis A Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis A is a serious liver disease. It is caused by the hepatitis A virus (HAV). HAV is spread from person to person through contact with the feces (stool) of people who are infected, which can easily happen if someone does not wash his or her hands properly. You can also get hepatitis A from food, water, or objects contaminated with HAV.

Symptoms of hepatitis A can include:

- fever, fatigue, loss of appetite, nausea, vomiting, and/or joint pain
- severe stomach pains and diarrhea (mainly in children), or
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements).

These symptoms usually appear 2 to 6 weeks after exposure and usually last less than 2 months, although some people can be ill for as long as 6 months. If you have hepatitis A you may be too ill to work.

Children often do not have symptoms, but most adults do. You can spread HAV without having symptoms.

Hepatitis A can cause liver failure and death, although this is rare and occurs more commonly in persons 50 years of age or older and persons with other liver diseases, such as hepatitis B or C.

Hepatitis A vaccine can prevent hepatitis A. Hepatitis A vaccines were recommended in the United States beginning in 1996. Since then, the number of cases reported each year in the U.S. has dropped from around 31,000 cases to fewer than 1,500 cases.

2 Hepatitis A vaccine

Hepatitis A vaccine is an inactivated (killed) vaccine. You will need **2 doses** for long-lasting protection. These doses should be given at least 6 months apart.

Children are routinely vaccinated between their first and second birthdays (12 through 23 months of age). Older children and adolescents can get the vaccine after 23 months. Adults who have not been vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

You should get hepatitis A vaccine if you:

- are traveling to countries where hepatitis A is common,
- are a man who has sex with other men,
- use illegal drugs,
- have a chronic liver disease such as hepatitis B or hepatitis C,
- are being treated with clotting-factor concentrates,
- work with hepatitis A-infected animals or in a hepatitis A research laboratory, or
- expect to have close personal contact with an international adoptee from a country where hepatitis A is common

Ask your healthcare provider if you want more information about any of these groups.

There are no known risks to getting hepatitis A vaccine at the same time as other vaccines.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of hepatitis A vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.
- **If you are not feeling well.** If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.



4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis A vaccine do not have any problems with it.

Minor problems following hepatitis A vaccine include:

- soreness or redness where the shot was given
- low-grade fever
- headache
- tiredness

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- 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

Vaccine Information Statement
Hepatitis A Vaccine

7/20/2016

42 U.S.C. § 300aa-26

Office Use
Only



MMRV Vaccine (Measles, Mumps, Rubella, and Varicella): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

MMRV vaccine can prevent **measles, mumps, rubella, and varicella.**

- **MEASLES (M)** can cause fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** can cause fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** can cause fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.
- **VARICELLA (V)**, also called chickenpox, can cause an itchy rash, in addition to fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, swelling of the brain and/or spinal cord covering, and infection of the blood, bones, or joints. Some people who get chickenpox get a painful rash called shingles (also known as herpes zoster) years later.

Most people who are vaccinated with MMRV will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2 MMRV vaccine

MMRV vaccine may be given to **children 12 months through 12 years of age**, usually:

- First dose at 12 through 15 months of age
- Second dose at 4 through 6 years of age

MMRV vaccine may be given at the same time as other vaccines. Instead of MMRV, some children might receive separate shots for MMR (measles, mumps, and rubella) and varicella. Your health care provider can give you more information.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMRV, MMR, or varicella vaccine**, or has any **severe, life-threatening allergies.**
- Is **pregnant**, or thinks she might be pregnant.
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems.**
- Has ever had a **condition that makes him or her bruise or bleed easily.**
- Has a **history of seizures**, or has a **parent, brother, or sister with a history of seizures.**
- Is **taking, or plans to take salicylates** (such as aspirin).
- Has recently **had a blood transfusion or received other blood products.**
- Has **tuberculosis.**
- Has **gotten any other vaccines in the past 4 weeks.**

In some cases, your health care provider may decide to postpone MMRV vaccination to a future visit, or may recommend that the child receive separate MMR and varicella vaccines instead of MMRV.



People with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before getting MMRV vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Soreness, redness, or rash where the shot is given can happen after MMRV vaccine.
- Fever or swelling of the glands in the cheeks or neck sometimes occur after MMRV vaccine.
- Seizures, often associated with fever, can happen after MMRV vaccine. The risk of seizures is higher after MMRV than after separate MMR and varicella vaccines when given as the first dose of the series in younger children. Your health care provider can advise you about the appropriate vaccines for your child.
- More serious reactions happen rarely. These can include pneumonia, swelling of the brain and/or spinal cord covering, or temporary low platelet count which can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection which may be life-threatening. People with serious immune system problems should not get MMRV vaccine.

It is possible for a vaccinated person to develop a rash. If this happens, it could be related to the varicella component of the vaccine, and the varicella vaccine virus could be spread to an unprotected person. Anyone who gets a rash should stay away from people with a weakened immune system and infants until the rash goes away. Talk with your health care provider to learn more.

Some people who are vaccinated against chickenpox get shingles (herpes zoster) years later. This is much less common after vaccination than after chickenpox disease.

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.

5 What if there is a serious problem?

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 or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

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. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
MMRV Vaccine



Office use only

Pneumococcal Conjugate Vaccine (PCV13): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Pneumococcal conjugate vaccine (PCV13) can prevent **pneumococcal disease**.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (bloodstream infection)

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults 65 years or older, and cigarette smokers are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2 PCV13

PCV13 protects against 13 types of bacteria that cause pneumococcal disease.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine, at 2, 4, 6, and 12–15 months of age. In some cases, a child might need fewer than 4 doses to complete PCV13 vaccination.

A dose of PCV13 vaccine is also recommended for anyone **2 years or older** with certain medical conditions if they did not already receive PCV13.

This vaccine may be given to **adults 65 years or older** based on discussions between the patient and health care provider.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**.
- In some cases, your health care provider may decide to postpone PCV13 vaccination to a future visit.

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 PCV13.

Your health care provider can give you more information.



4 Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

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.

5 What if there is a serious problem?

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 or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

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. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- 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

