

# Roll Up Your Sleeve and Prevent the Flu! Get a Flu Vaccination Every Year.



Every year, adults in Wisconsin can protect themselves and their families from the flu by being vaccinated.

**Why do you need the yearly flu vaccine?** The flu virus can affect people differently. Even healthy adults can become suddenly sick from the flu and some can become hospitalized or die. Getting the flu vaccine will protect you from getting sick from the flu virus and from spreading the virus to other people.

- **Do you have questions about the flu vaccine?** Call your doctor to get your questions answered.
- **Do you have questions about where to get the vaccine?** Call or ask your MCO nurse care manager.
- **Do you have questions about paying for the vaccine?** Your insurance covers the cost of the vaccine. Call or ask your MCO nurse care manager for more information.

## TO THE MEMBER:

1. Take this form with you when you get your flu vaccination.
2. Ask the person who gives you the flu vaccination to complete the form below.
3. Return the completed form to your MCO nurse care manager within *one* week after you receive your flu vaccination.

I give permission to share my immunization records with the Wisconsin Immunization Registry (WIR) and my immunization provider to ensure a complete and accurate immunization record and assist in assuring protection from vaccine-preventable disease.

**Check here if you do NOT give your permission**

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**TO THE FLU VACCINE ADMINISTRATOR:** Please complete the information below and give this form back to the person who received the vaccine or their designee. Thank you for your assistance.

Person's first/last name and middle initial (PRINT): \_\_\_\_\_

Person's date of birth: \_\_\_\_\_ Date flu vaccine given (MM/DD/YYYY): \_\_\_\_\_

Did you document the flu vaccine in the Wisconsin Immunization Registry (WIR\*)? (You must be an [authorized WIR user](#) to document) Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, please provide the following information:**

Vaccine trade name \_\_\_\_\_ Vaccine type: \_\_\_\_\_ Lot number \_\_\_\_\_

Physical location where the flu vaccine was given (e.g., name of clinic, hospital, pharmacy, community health event etc.)

\_\_\_\_\_

If the person did not receive the flu vaccine, please state the reason and enter the date it was offered:

\_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Signature of the flu vaccine administrator: \_\_\_\_\_

\*What is WIR? See: <https://www.dhs.wisconsin.gov/immunization/wir-healthcare-providers.htm>