



WILLOW BROOK ELEMENTARY SCHOOL
298 ROBERTSVILLE ROAD
OAK RIDGE, TENNESSEE 37830
PHONE: (865) 425-3201
FAX: (865) 425-3268

"We Think... We Learn... We Dream... We Grow"

REQUEST FOR SCHOOL INFORMATION

Date: _____ Time of Transmittal: _____ A.M./P.M.

TO: SCHOOL RECORDS DEPARTMENT

School Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Please remit all records including but not limited to test scores, medical records, psychological reports, and special education records. Please also include copies of pertinent documents such as birth certificate, immunization record, and social security card for the following pupil(s):

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent / Guardian Signature: _____ Date: _____

Parent signature indicates agreement for transfer of records

THIS FAX COPY IS BEING SENT BY:

Name: _____

Comments: _____

INFORMATION FOR CUMULATIVE RECORD

Oak Ridge Schools
Oak Ridge, Tennessee

Completing this form constitutes parental permission for preparation of the pupil's cumulative record.

Birth Certificate on file _____
TN Health Record _____
SSN card on file _____
Previous School Record _____
Checked EIS _____
Enrolled (first time this year) _____
Transferred Enrollment _____
Enrolled from Out-of-State _____
Medication Form _____

SCHOOL NAME: _____

ENROLLMENT DATE: _____

Teacher first assigned to: _____

Has your child ever attended Oak Ridge Schools? Y or N

PUPILS SOCIAL SECURITY NUMBER _____
(Optional)

GRADE _____

PUPILS FULL LEGAL NAME _____ Generation _____
Last First Middle (Jr., Sr., II, III etc.)

Preferred Name _____ Gender (circle one): Male Female
First Last

Pupil's Home Phone () _____ Mother's Maiden Last Name _____

Birthdate (mm/dd/yyyy) _____ Birth City _____ Birth County _____
Father's Name _____
Birth State _____ Birth Country _____

Immigrant _____ Date entered Country _____ Immigrant from _____ Year started school _____

Ethnic Code _____ (circle one Hispanic/Latino, Non-Hispanic/Latino)
Race _____ 1-American Indian or Alaska Native 2-Asian 3-Black or African American 4- Native Hawaiian or Other Pacific Islander 5-White

*Home Language _____ Requires Translator Y N

Physical Address: _____ Apt _____
City State Zip County

Mailing Address: _____ Apt _____
(If different) City State Zip County

Previous Physical Address: _____ Apt _____
City State Zip County

In Order to Attend Oak Ridge Schools, a student must be a legal resident of Oak Ridge or have an approved tuition contract. Legal residence is defined as living with a legal custodial parent or legal guardian who is domiciled (living) in Oak Ridge. If the legal custodian or guardian moves out of the Oak Ridge city limits during the school year, Pupil Services must be notified immediately. Please provide school with appropriate legal documentation from judicial system regarding divorce/custody restrictions, orders of protection or power of attorney.

Please complete information below:

Page 1 of 3.

ENGLISH LANGUAGE LEARNER INFORMATION*

What is the first language this child learned to speak? _____

What language does this child speak most often outside of school? _____

What language do people usually speak in this child's home? _____

Parent/Guardian Signature: _____

Within the last two years has your child been served by:

- CDC Placement _____
- A Title 1/Chapter 1 Program _____
- An Individual Education Plan (IEP) _____
- An English as Second Language (ESL) Program _____
- Home School _____

- A 504 Program _____
- A Gifted Program _____
- A Speech Clinician _____
- Other _____

If yes to any of the above, please provide explanation or documentation. _____

Health Insurance Provider: _____

Health problems or physical limitations: _____

Medication(s): _____

(If medications are listed, please complete the form for Authorization for Medications.)

Is your child currently under a discipline action (suspension/expulsion) in another school system? Y or N

Explain: _____

Any additional information you feel is relevant to the enrollment and services for your child. _____

SCHOOL HISTORY List all schools attended (including Oak Ridge)							
Date Entered	Grade	School, City and State	Date Left	Date Entered	Grade	School, City and State	Date Left

BROTHERS AND SISTERS Give last name if different							
Name	Sex	Yr. of Birth	Grade or Occupation	Name	Sex	Yr. of Birth	Grade or Occupation

certify that all of the above information is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I also certify that I am the parent, legal custodian/legal guardian of the child identified on this enrollment form.

PARENT OR LEGAL GUARDIAN SIGNATURE _____ Date _____

CONTACTS FOR: (Last)	(First)	
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ONE NAME PER CONTACT - MAILINGS WILL BE SENT TO CONTACT 1

CONTACT 1: (Person with whom the student is living.)

Name: _____

Relationship: _____ (own, step, foster, other)

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Address: _____
(mailings will go to this address)

Active Duty ___ National Guard ___ Reserve Military ___

Email Address: _____

Employer: _____

Year of Birth _____ Birthplace _____

Education Completed: _____

CONTACT 3: (Allowed to check student in/out Y N)

Name: _____

Relationship: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Address: _____

CONTACT 2: (Allowed to check student in/out Y N)

Name: _____

Relationship: _____ (own, step, foster, other)

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Address: _____

Active Duty ___ National Guard ___ Reserve Military ___

Email Address: _____

Employer: _____

Year of Birth _____ Birthplace _____

Education Completed: _____

CONTACT 4: (Allowed to check student in/out Y N)

Name: _____

Relationship: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Address: _____

STUDENT DIRECTORY INFORMATION (Please refer to the form in the discipline handbook, for more detailed information concerning directory information): The school, in conjunction with certain activities or certain community organizations may publish the names and addresses of students achieving awards or other recognition. If you do not want your child's name and/or address released as general student directory information you need to complete an opt-out form and return it to the building level principal. This form is located in the school office. A new opt-out form must be submitted at the beginning of each school year the student is enrolled.

Will your child be riding the bus? am _____ pm _____ both _____ If your child is an elementary or middle school student and rides the bus to a different address than the physical address listed above, please indicate their after school destination: _____

Please notify the office in writing if the transportation mode changes.

School: _____ Grade: _____ New Student: YES NO

Student Last Name: _____ Student First Name: _____

First Student

Request for Bus Service

In compliance with ORS transportation provider, First Student, and to new state laws, it is required that each student have an assigned bus number for them to ride the bus to or from school. **Every ORS student will be required to complete this Request for Bus Service Form before the bus number is assigned. First Student will honor bus requests on the 15th and 30th of each month. PLEASE DO NOT PUT YOUR CHILD ON A BUS UNTIL YOU RECEIVE WORD OF APPROVAL FROM THEIR RESPECTIVE SCHOOL OFFICE.**

Students will not be allowed to ride another bus other than the one they are assigned to without a bus pass from their respective school, which the student will then provide to the driver.

Student Home Address: _____ Home Phone: _____

If your student rides the bus to or from a different address listed above, please indicate that address:

AM: _____ PM: _____

Birth Date: _____ / _____ / _____ Gender: M F (circle one)

Emergency Contact Name _____ Phone: _____

People Authorized to get Kindergarten Student off the bus (they may be asked to provide ID):

AM Bus Service: YES NO (circle one) PM Bus Service: YES NO (circle one)

Parent Signature: _____ Date: _____

School Office Personnel: Please fax this completed form to Transportation Department at 425-1884 (no cover sheet required). Requests will be honored the 15th & 30th of each month, unless student is NEW to Oak Ridge Schools. Your office will receive a faxed bus approval with transportation information.

Thank You,
Clifford Bunch

PARENTS ARE RESPONSIBLE FOR THE TRANSPORTATION OF CROSS BOUNDARY AND TUITION STUDENTS

OAK RIDGE SCHOOLS RESIDENCY INFORMATION FOR McKinney-VENTO

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone/Pager _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

House or apartment with parent or guardian

Motel, car, or campsite

Shelter or other temporary housing

With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

Loss of housing

Economic situation

Temporarily waiting for house or apartment

Provide care for a family member

Living with boyfriend/girlfriend

Loss of employment

Parent/Guardian is deployed

Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to Dr. Larrissa Henderson, McKinney-Vento Liaison at 865-425-9009 or the State Coordinator, Justin Singleton, at 615-741-3262

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth Date

Signature of McKinney-Vento Liaison Date

STUDENTS ADMISSION PROCEDURES

Dear Parent or Guardian:

We want to welcome your children to Oak Ridge Schools and wish everyone well in starting their new classes. We welcome you as parents and promise you our dedicated efforts to help your children have a successful educational program.

KINDERGARTEN PRE-REGISTRATION

To help school officials know approximately how many kindergarten children will be enrolling in each school and to simplify registration this summer, we ask that you complete an enrollment form which is available at each elementary school. According to Tennessee State Law, children must reach their fifth birthday by **August 15th** to be eligible for kindergarten. State Law also requires that, prior to attending first grade all children must have attended an approved kindergarten program.

May 6 – May 10 2019 is kindergarten pre-registration and the first step in enrolling your child in kindergarten. **THE REGISTRATION PROCESS IS TO BE COMPLETED ON OR BEFORE JUNE 14TH BY GOING TO YOUR CHILD'S SCHOOL WITH ALL THE REQUIRED INFORMATION FOR ENTERING SCHOOL.** At that time, you will receive important information such as transportation, class materials, school lunch program, etc. relative to your child's school year.

If you move during the summer to another school in the Oak Ridge school district, you should call the school office to request that your child's registration form be sent to the school in the district into which you have moved.

REQUIRED ADMISSION INFORMATION FOR ALL STUDENTS IN K-12

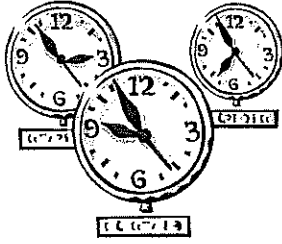
When you come to your child's school to register, please bring the following:

1. Child's birth certificate (a certified copy for school records, not the hospital copy or Mother's copy).
2. Child's social security number or a copy of the card – **optional**.
3. The Tennessee Certificate of Immunization available from your doctor or Health Department consisting of two parts **which must be completed to begin school**.
 - A. **IMMUNIZATIONS:**

A Tennessee Certificate of Immunization shows the complete dates (month, day & year) the immunizations were administered.
 - B. **HEALTH EXAMINATION:**

A physical examination is required for all children entering Tennessee schools (K-12). Oak Ridge schools require a physical examination current since January 1st of the year the student will enter kindergarten. Students transferring to Oak Ridge from another state must present a physical examination current within one year from date of enrollment.
4. **(GRADES 1-12)** Provide the name, address and phone number of the school(s) where your child previously attended or provide report cards and withdrawal form.
5. **(GRADES 9-12)** Parents must call the Oak Ridge High School guidance office at (865)425-9607 to schedule a conference with a counselor.

Dr. Larrissa Henderson
Director of Pupil Services



WILLOW BROOK ELEMENTARY

SCHOOL HOURS & BELL SCHEDULE

MONDAY THRU FRIDAY MORNINGS:

- 7:45 A.M. SCHOOL OPENS - STUDENTS REPORT TO THE GYM OR HALLWAY
- 8:15 A.M. 1ST BELL - STUDENTS DISMISSED TO HOMEROOMS FOR BREAKFAST IN THE CLASSROOM
- 8:25 A.M. WBES MORNING ANNOUNCEMENTS OR BROADCAST
- 8:30 A.M. TARDY BELL
- 8:35 A.M. INSTRUCTION BEGINS

MONDAY, TUESDAY, THURSDAY AND FRIDAY AFTERNOONS:

- 3:15 P.M. STUDENTS MOVE TO DISMISSAL AREAS
- 3:30 P.M. 1ST DISMISSAL BELL - END OF DAY
- 3:35 P.M. 2ND BELL – BUS DEPARTURE

WEDNESDAY AFTERNOONS:

- 1:15 P.M. STUDENTS MOVE TO DISMISSAL AREAS
- 1:30 P.M. 1ST DISMISSAL BELL - END OF DAY
- 1:35 P.M. 2ND BELL – BUS DEPARTURE



STUDENTS ARE CONSIDERED TARDY IF THEY ARE NOT IN THEIR CLASSROOM BY 8:30 A.M.

**NO CHECK OUTS ARE ALLOWED AFTER 3:00 P.M. (1:00 P.M. ON WEDNESDAY)
OR CHANGES IN HOW A CHILD GOES HOME AFTER 3:10 P.M (1:10 ON WEDNESDAY)**

Need Information on Bus Transportation for your student?

- **Go to** <https://www.ortn.edu/district/bus-routes/> for links to Tyler Technologies and Vers-Trans to obtain information about your student's bus stop locations and times as well as real-time route information.

Do you have a parent login? Find detailed bus information for your student.

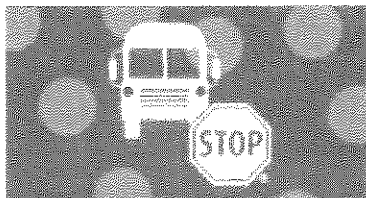


Click for eLink Login

Username: (use student's name) firstname.lastname This is case sensitive—example: john.smith

Password: (use student birth date) in this format 03122007 for March 12, 2007

MyStop



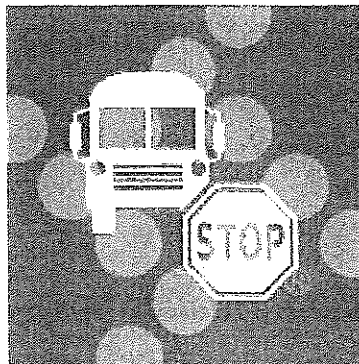
MyStop phone app available in your app store

Go to:

Versatrans My Stop™ provides mobile access to bus information. This app displays the location of the user's assigned school bus, as well as the estimated time of arrival to their stop. Students can plan for late or on-time arrival, and prevent missed pick-ups or being left outside in inclement weather.

- Native mobile app
- Integrates many parts of the Versatrans® suite
- Push notifications for users
- Secure log in and user management
- Updates in real time

Parent/Student login



Click for MyStop Onscreen Login for Computer

Username: (use student's name) firstname.lastname This is case sensitive—example:
john.smith

Password: (use student birth date) in this format 03122007 for March 12, 2007

Can't Access the My Stop App?

If you are having difficulty accessing the My Stop App please take the following steps:

1. Please confirm the following:
2. You have downloaded the App from Tyler Technologies.
3. You are using the legal student name as listed in Skyward.
4. You have selected all lower case letters.
5. You have placed a period between the first and last name.
6. The birthdate is correct and only consist of 8 numbers.

If this information doesn't allow you to successfully download your child's My Stop App Account contact Administration at your child's school.

VACCINE INFORMATION STATEMENT

Meningococcal ACWY Vaccines—MenACWY and MPSV4: *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?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

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, amputations, nervous system problems, or severe scars from skin grafts.

Meningococcal ACWY vaccines can help prevent meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available to help protect against serogroup B.

2

Meningococcal ACWY Vaccines

There are two kinds of meningococcal vaccines licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y: meningococcal conjugate vaccine (**MenACWY**) and meningococcal polysaccharide vaccine (**MPSV4**).

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16. Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in dormitories
- U.S. military recruits

Children between 2 and 23 months old, and people with certain medical conditions need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.

MenACWY is the preferred vaccine for people in these groups who are 2 months through 55 years old, have received MenACWY previously, or anticipate requiring multiple doses.

MPSV4 is recommended for adults older than 55 who anticipate requiring only a single dose (travelers, or during community outbreaks).



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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 have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine's ingredients.

- **If you are pregnant or breastfeeding.**

There is not very much information about the potential risks of this vaccine for a pregnant woman or breastfeeding mother. It should be used during pregnancy only if clearly needed.

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 within a few days, but serious reactions are also possible.

As many as half of the people who get meningococcal ACWY vaccine have **mild problems** following vaccination, such as redness or soreness where the shot was given. If these problems occur, they usually last for 1 or 2 days. They are more common after MenACWY than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

Problems that could happen after any injected 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 doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. 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 reaction?****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—usually within 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 and get to the nearest hospital. Otherwise, call your doctor.
- 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 health care 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
Meningococcal ACWY Vaccines**

03/31/2016

42 U.S.C. § 300aa-26

Office Use Only



VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *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?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

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 flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

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

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

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

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected 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 doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. 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 reaction?

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 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions 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.

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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/flu

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only

