

5. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (1-800-822-7967, <http://vaers.hhs.gov/contact.htm>).

In addition, the provider:

6. Can not charge patients, health insurance plans, or other third party payers for the vaccine, the syringes or the needles as these are provided at no cost to the provider. The provider/facility is also prohibited from selling H1N1 vaccine, syringes or needles.
7. May charge a fee for the *administration* of the vaccine to the patient, their health insurance plan, or other third party payer. The administration fee cannot exceed the regional Medicare vaccine administration fee. If the administration fee is billed to Medicaid, the amount billed cannot exceed the state Medicaid administration fee.
8. May either administer the 2009 Influenza A (H1N1) monovalent vaccine for free to individuals who cannot afford the administration fee, or refer these individuals to a public health department clinic or affiliated public health provider for vaccination.
9. Must report the number of doses of 2009 Influenza A (H1N1) monovalent vaccine administered to individuals as requested by the state or local public health department.
10. Must report to the state health department the number of doses of vaccine that were not able to be used because the vaccine expiration date was exceeded or the vaccine was wasted for other reasons. These doses must be disposed of in accordance with state regulations for biological waste.
11. Are strongly encouraged to provide an immunization record card to the vaccine recipient or parent/guardian to provide a record of vaccination, to serve as an information source if a Vaccine Adverse Event Reporting System report is needed, and to serve as a reminder of the need for a second dose of vaccine (if necessary). Immunization cards will be included in each shipment of vaccine.
12. Must seek separate, written informed consent for entry into the Idaho Immunization Reminder Information System (IRIS) prior to administering 2009 Influenza A (H1N1) vaccine, and must follow the IDHW/Public Health District protocol for those refusing to provide consent. The consent form and protocol will be provided by IDHW (attached).
13. Will use the provided Immunization Reminder Information System Mass Immunization Module (MIM) or Mass Immunization Stand-Alone (MISA) to fulfill CDC 2009 Influenza A (H1N1) vaccine administration reporting requirements.
14. May terminate this agreement at any time. IDHW may also terminate this agreement at any time. If this agreement is terminated, the provider must return to the Idaho Immunization Program all unused (viable and non-viable) vaccine that has been provided by the Centers for Disease Control and Prevention.

Receipt of H1N1 vaccine shall constitute acceptance of the terms of this agreement.

Agreed to on behalf of the above-named facility(ies):

Medical Director: _____
(please print) Last First MI

Medical Director License #: _____

Provider Signature Date _____
(person authorized to sign for practice/clinic/corporation)

H1N1 Vaccination Record

Patient First Name

Patient Last Name

Date of Birth

M

F

Gender

Mother's Maiden Name

Phone Number

Address

City

State

Zip

I give permission to **enroll** me or my child and to **transfer** my or my child's immunization records into the **Idaho Immunization Reminder Information System (IRIS)** to ensure that this vaccination record is available to me, my or my child's health care providers, child care providers, and schools. I understand I may be asked for information that will help ensure my or my child's records are accurate and will not be confused with another person's records, such as: mother's maiden name, gender, and child's eligibility for free vaccine. I authorize inclusion of all information into IRIS and redisclosure of this information from IRIS to authorized users.

Signature

Date

Relationship to Child (if applicable)

FOR H1N1 VACCINATOR USE ONLY

H1N1 Provider Identification Number (Pin) _____

Vaccination Date: _____ Lot #: _____

H1N1 VACCINE DOSES ADMINISTERED REPORTING REQUIREMENTS



