

September 24, 2021

Communiqué

Upcoming 2021 Influenza Clinics

Willow Valley Communities will once again offer flu shots for Residents. There is no out of pocket cost for the flu shot; however, submission will be made to Medicare for reimbursement. There is no appointment necessary. Please do not attend a clinic if you have received a COVID-19 vaccination within the previous 14 days. You can make arrangements with the Resident Nursing Office to schedule your flu shot at another time. *A short-sleeved blouse or shirt is suggested for ease of flu shot administration.*

The 2021 vaccines that will be given this year are:

- For Residents 65 years of age and older: FLUAD is Quadrivalent vaccine, which contains an adjuvant ingredient added to the vaccine that helps create a stronger immune response.
- For Residents 64 years of age and younger: Afluria is a Quadrivalent vaccine.
- Flucelvax: An egg-free Quadrivalent vaccine is available for Residents who have an allergy to eggs.

LAKES FLU CLINICS:

Monday, October 4, 2021

Time: 8:30 AM – 11:00 AM and 12:00 PM – 4:00 PM

Location: Lakes Thomas Auditorium

Who: Residents in A, B, C buildings, Midrise, and Villas

Tuesday, October 5, 2021

Time: 8:30 AM – 11:00 AM and 12:00 PM – 4:00 PM

Location: Lakes Thomas Auditorium

Who: Residents in D, E, F buildings and Willow Gables

SPRING RUN FLU CLINICS:

Thursday, October 7, 2021

Time: 8:30 AM – 11:00 AM and 12:00 PM – 4:00 PM

Location: Spring Run Auditorium

Who: Residents in H, I buildings and SouthPointe

Friday, October 8, 2021

Time: 8:30 AM – 11:00 AM and 12:00 PM – 4:00 PM

Location: Spring Run Auditorium

Who: Residents in J, K buildings and SouthPointe

(over please)

MANOR FLU CLINICS:

Monday, October 11, 2021

Time: 8:30 AM – 11:00 AM and 12:00 PM – 4:00 PM

Location: Manor Orr Auditorium

Who: Residents in A, D buildings and Providence Park

Tuesday, October 12, 2021

Time: 8:30 AM – 11:00 AM and 12:00 PM – 4:00 PM

Location: Manor Orr Auditorium

Who: Residents in B, C, E buildings and the Vistas

NORTH FLU CLINICS:

Wednesday, October 13, 2021

Time: 8:30 AM – 11:00 AM and 12:00 PM – 4:00 PM

Location: North Johnson Auditorium

Who: Residents in F, G, H, I buildings and Garden Apartments

Thursday, October 14, 2021

Time: 8:30 AM – 11:00 AM and 12:00 PM – 4:00 PM

Location: North Johnson Auditorium

Who: Residents in J, K, L, M, and N buildings

To help mitigate risks to Residents, the following COVID-19 safety procedures will be in place this year during the influenza clinics:

- All individuals will wear a face mask
- A specific traffic flow for entering and exiting the auditorium will be indicated
- Social distancing will be maintained via furniture placement and floor signage
- Adherence to the outlined flu clinic schedules (in contrast to years past, please attend your scheduled building clinic vs. going to another building clinic)
- Use of hand sanitizer as you enter the flu clinics is mandatory

Attached is a Resident influenza consent form. Please complete one form per person prior to arriving at the clinic and bring it with you. Additional forms are available in the Residential Nursing Offices.

Danielle— Danielle Geyer, Senior Director of Manor Campus

Glennnda— Glennnda Hart, Senior Director of Lakes Campus

Resident/Smart Life Influenza immunization consent form 2021-2022

**Phoebe Pharmacy in partnership with Willow Valley Communities
will be administering the Influenza vaccine this year.**

I, the undersigned, wish to receive a vaccination against Influenza. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I have read the information provided. I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I hereby waive any claim for damages that I (or anyone claiming on my behalf) may have against Phoebe Services Pharmacy, its directors, employees, and agents or Willow Valley Communities on account of any injury or misfortune I may suffer as a result of this vaccination. I authorize Phoebe Services Pharmacy to bill Medicare or my insurance for vaccine and administration.

Resident Name (PRINT CLEARLY): _____

Resident Signature: _____ **Date of Birth:** _____ **Age:** _____

Social Security Number: _____ - _____ - _____

Family MD: _____ **Apartment:** _____

☐ Manor ☐ North ☐ Providence Park ☐ Vistas ☐ Smart Life

☐ Lakes ☐ Spring Run ☐ Midrises/Villas ☐ Gables ☐ SouthPointe

Do you have an allergy to Neomycin or Polymyxin? ☐ No ☐ Yes (Yes: give Flucelvax)

Do you have an allergy to chicken, chicken eggs, chicken feathers, chicken dander, Thimerosal, mercury and/or gelatin? ☐ No ☐ Yes (Yes: give Flucelvax)

Do you have a prior history to Guillian Barre syndrome (GBS)? ☐ No ☐ Yes
If yes, you should not receive the flu vaccine.

Are you immunosuppressed or receiving chemotherapy treatment? ☐ No ☐ Yes
If immunosuppressed or receiving chemotherapy, you need written approval from your physician prior to being given a flu shot.

Have you previously had an allergic reaction to the flu vaccine? ☐ No ☐ Yes

Have you received another vaccine within the past 2 weeks? ☐ No ☐ Yes
(Examples: COVID-19, Hepatitis A or B, HPV, Meningococcal, Prevnar 13, Pneumococcal, Shingles, Tetanus, TDAP)

Do you have an acute respiratory or other active illness or infection? ☐ No ☐ Yes

One dose of 0.5 ml of Influenza vaccine for the 2021-2022 season has been given IM in the deltoid muscle of the
☐ left ☐ right arm. Date: _____

Alternate Site: _____

Signature of person administering the vaccine: _____