

Roll Up Your Sleeve and Prevent the Flu!

Get a Flu Vaccination Every Year



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

Why do you need the 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.

- **Do you have questions about the flu vaccine?** Call your doctor
- **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 LAKELAND CARE MEMBER:

- Take this form with you when you get your flu vaccination.
- Ask the person who gives you the vaccine to complete the form below.
- **Return the completed form to your Lakeland care nurse care manager by February 28, 2020.**

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

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

Person's First/Last Name & Middle Initial (PLEASE 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; <https://www.dhfwir.org/PR/portallInfoManager.do>) YES _____ NO _____
(What is WIR? See: <https://www.dhs.wisconsin.gov/immunization/wir-healthcare-providers.htm>)
- **If you did NOT document the flu vaccination in WIR, 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: _____

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