Public Health
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Central Valley Health District

April 2018

ATTENTION: REQUIRED VACCINATIONS

The North Dakota Department of Health has updated its School Immunization Requirements. Beginning the 2018-2019 school year, all students entering 11th or 12th grade are required to receive a second dose of the meningococcal conjugate (MCV4) vaccine.

This means your current 10th or 11th grade student will need proof of two doses of MCV4 before returning to school in the fall. The first dose was required for 7th grade entry.

For your convenience, Sanford and Essentia Clinics are partnering with Central Valley Health District to offer an immunization clinic. This event provides an opportunity for your child to receive all required and highly recommended immunizations. The clinic date:

Jamestown High School Wednesday April 18 10:30am to 1:00pm

This clinic is strictly voluntary. Your medical clinic will be notified of all immunizations given at this clinic.

If you are uncertain of your child's immunization status, please contact your clinic or CVHD at 252-8130. For more information on the MCV4 vaccine, as well as other age appropriate immunizations, please visit the "When Do Teens Need Vaccines?" (http://bit.ly/2E2Z7CV), and North Dakota Department of Health 2018-2019 School Immunization Requirements (http://bit.ly/2npovcC).

If you wish to have your child vaccinated at this event, please complete the information on the back of this notice and return it to the high school office no later than noon on Tuesday, April 17.

If you have health insurance, your insurance company will be billed. If your child does not have insurance coverage, we do request that you send $20.00 to cover the cost of administration of the immunizations.

Thank you for your attention to this matter.

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Central Valley Health District

CENTRAL VALLEY HEALTH DISTRICT
122 Second Street NW, Jamestown ND 58401, Phone: (701) 252-8130

Client's Legal Name (Last, First, Middle Initial):	Date of Birth:	Age:	Daytime Phone Number:	
Address (Street or P.O. Box):	City:		State:	Zip Code:
Client's Mother's Maiden Name:				

Please list Policy and Group Numbers for all insurances you may have:

Blue Cross or Sanford Policy #:	Group # if listed:	Policy Holder Name and Date of birth:
ND Medical Assistance #:	Group # if listed:	Policy Holder Name and Date of birth:
Other Insurance-Name of Company and Policy #:	Group # if listed:	Policy Holder Name and Date of birth:

Please mark vaccines requested:
☐ Menactra (MCV4) ☐ Hepatitis A ☐ Gardasil(HPV) ☐ Varicella

MY SIGNATURE BELOW INDICATES AUTHORIZATION, ACKNOWLEDGMENT, AND ASSIGNMENT OF INSURANCE BENEFITS:

- Information collected on this form will be used to document authorization for receipt/declination of vaccine(s). Information may be shared through the North Dakota Immunization Information System (NDIIS) with other entities. ND Century Code 23-01-05.3. I understand the CVHD participates in the NDHIN. I understand that participation is voluntary and if I choose to opt out I must complete the NDHIN Opt Out/Revoke Opt Out form.
- I authorize the release of any medical or other information necessary to process this claim.
- I acknowledge that CVHD has provided me with their Notice of Privacy Practices. I understand I may request a copy of the Notice.
- If I am the client, or an individual legally obligated to pay for medical expenses provided to the client or a Guarantor of payment, I assign and authorize any third party payer/insurer to make direct payment to CVHD of all benefits payable for the client's care.
- I have read, or have had explained, the Vaccine Information Statement(s) about the vaccine(s) recommended and the disease(s) for which they provide protection. There was an opportunity to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) discussed and ask that those vaccine(s) be given to me or the person for whom I am authorized to make this request.

Signature of client or person authorized to sign on the client's behalf:	Date:	School (if applicable):
X		