Douglas County Employees,

Join us for the

3rd Annual HEALTH FAIR!

DOUGLAS COUNTY Healthy Directions

Health Center
Town Hall
Oct. 16
6:30 a.m. - 4:30 p.m.

Civic Center
Room 702
Oct. 19
7:30 a.m. - 2:00 p.m.

The Health Assessment Survey will be available for employees (and their spouses) who are covered by Unitedhealthcare. Click on this link to take the survey: **www.myuhc.com** Take the survey anytime from now through the health fair and get a $10 Subway gift card. **Take it at the health fair and get the card right on the spot!** If taken prior to the Health Fair bring the confirmation sheet and receive your Subway card at the survey table.

FREE flu shots! will be available to employees and their spouses if covered under the United HealthCare medical plan. For everyone else, there will be a small fee. Fill out the attached consent form to make the process speedier!

FREE "No Fasting" Biometric testing through United Healthcare at no charge to employees and spouses who are on the United Healthcare medical plan. Click on this link to register for a time slot: http://register.wellness-inc.com Access Code: **Do-79707-2** or call **1-866-935-5462.**

PRIZE DRAWINGS! Receive prize drawing tickets for cool prizes just by visiting the health booths!
Bio-metric testing - Take the test and receive 3 prize drawing tickets
Health Assessment - Take the assessment and receive 3 prize drawing tickets plus instance $10 Subway gift card!
Flu Shot - Get a flu shot and receive 2 prize drawing tickets
And for just attending the Health Fair, you receive 1 ticket at the Wellness table!

Questions? Call Kathy Goodman at 402-444-6099 or Lisa Osborn at 402-444-6533.

Special thanks to our vendors:

Healthy Directions Wellness Committee
United HealthCare
Delta Dental
Minnesota Life
Aflac/WageWorks
ING
Edward Jones
Nationwide
Dr. Jason Wiese/Life Source Chiropractic
Excel Therapy
Nebraska Ortho Hospital
Hy-Vee Dietician
Omaha-Douglas Credit Union
First Nebraska Credit Union

WIN COOL PRIZES!
32" Flat Screen TV!
T-shirts! Gym bags!
Gift cards!
and more!

DOUGLAS COUNTY HEALTH DEPARTMENT
INFLUENZA INFORMATION/CONSENT FORM
2012-2013 Season

CIRCLE

1. IS THIS YOUR FIRST FLU SHOT? YES NO

2 .DO YOU FEEL SICK TODAY OR HAVE A FEVER? YES NO

3. HAVE YOU EVER HAD ***SEVERE*** *REACTION* TO THE FLU SHOT? YES NO
   ***IF YES, PLEASE EXPLAIN: _____

4. HAVE YOU EVER HAD GULLAIN BARRE' SYNDROME WTHIN 6 WEEKS OF A PREVIOUS INFLUENZA IMMUNIZATION ? YES NO
   (This affects the central nervous system as an ascending/upwardly moving paralysis.)

5. ARE YOU ABLE TO EAT LIGHTLY COOKED EGGS (*I.E. SCRAMBLED*) WITHOUT AN ALLERGIC REACTION? YES NO

6. HAVE YOU EVER HAD A REACTION TO LATEX? YES NO

7. DO YOU HAVE A BLOOD CLOTTING DISORDER AND/OR TAKE ANTICOAGULANT MEDICATION WHICH MAY RESULT IN INCREASED BRUISING? YES NO

I *have read or have had explained to me the information on this form about influenza and influenza vaccine. I have been provided w/the Vaccine Information Statement for Inactivated Influenza Vaccine 2012-2013 and had a chance to ask questions, which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine, including side effects, and request the vaccine be given to me.*

PLEASE WRITE LEGIBLY!!!

X

LAST NAME (Please Print *ABOVE*)	**FIRST**	**MI**	**DATE OF BIRTH**
ADDRESS (*ABOVE*)			
SIGNATURE (*ABOVE*)			**DATE**
(PLEASE CIRCLE)	**DCHD**	**DOUGLAS COUNTY**	

VACCINE: FLULAVAL (GSK) **Lot#: AFLLA727AB** **Exp: 6/2013**

DOSE: 0. 5ml **ROUTE: Intramuscular**

SITE: (Please circle) **Right Deltoid** **Left Deltoid**

SCREENED BY: _____

ADMINISTERED BY: _____ **DATE:** _____