Crosby Divide Co. Williams Co. Williston Mountrail Co. Watford City McKenzie Co.

Upper Missouri District Health Unit

"Your Public Health Professionals"

DIVIDE COUNTY

Divide Co. Courthouse P.O. Box 69 Crosby, ND 58730 Phone 701-965-6813 Fax 701-965-6814

MCKENZIE COUNTY

P.O. Box 1066 201 5th St. NW Suite 1100 Watford City, ND 58854 Phone 701-444-3449 Fax 701-842-6985

MOUNTRAIL COUNTY

Memorial Building P.O. Box 925 Stanley, ND 58784 Phone 701-628-2951 Fax 701-628-1294

WILLIAMS COUNTY

110 W. Bdwy, Ste 101 Williston, ND 58801-6032 Phone 701-774-6400 Fax 701-577-8536 Toll Free 1-877-572-3763

October 3, 2018

Dear Parent/Guardian:

Upper Missouri District Health Unit is happy to be able to provide influenza vaccinations at your child's school this year on Wednesday October 17th, from 1-4PM. We encourage all children to get vaccinated against influenza this year!

Influenza ("flu") is a contagious disease that can be spread by coughing, sneezing, and close contact. Your child is likely to be exposed to this every day in school! Influenza is a respiratory disease characterized by fever/chills, sore throat, muscle aches, fatigue, cough, headache, or runny/stuffy nose. It can lead to pneumonia, diarrhea, and seizures in some people. Influenza is NOT the same thing as the "stomach flu" or gastritis, which causes nausea and vomiting.

Payment is determined by the following conditions:

*Blue Cross/Blue Shield or Sanford Health: Please provide all of your policy information and we will bill directly. If payment applies, you will be billed from UMDHU.

*Medicaid: We will file with North Dakota Medicaid only. Please provide your Medicaid.

*Other Insurance (Any Health Insurance other than BCBS or Sanford): Please send a check, cash, or money order for \$50 per shot per child with the completed form to the school secretary. We will leave receipts with your school secretary after the clinic for you to pick up or we will send the receipt home with your child. Please file receipt with your insurance company to receive reimbursement.

*No Insurance: Please send a check, cash, or money order for recommended payment of \$21 per shot per child with the completed form to the school secretary.

Please review the enclosed information and return the Vaccine Administration Form to your school's secretaries by <u>Tuesday</u>, <u>October 16th</u>. Please feel free to call 701-774-6400 or 1-877-572-3763 with any questions.

❖ Please answer the health questionnaire on the back side of the form.

Sincerely,

Keisha Adams, RN, Public Health Nurse