

Before your child can receive FluMist, you must read this information sheet, answer the questions and ask your health care professional administering the vaccine to review your answers. FluMist should only be administered to children and adolescents 2-17 years old and adults 18-49 years old who are healthy and not pregnant. Certain people must not receive FluMist. **You must answer each question below, and have the answers reviewed by the health care professional to ensure your child is eligible to receive FluMist.** The health care professional will keep this questionnaire and any other information collected in a confidential manner. There are risks associated with all vaccines, including FluMist. Like any vaccine, FluMist does not protect 100% of individuals vaccinated. In studies of people between the ages of 2 and 49, side effects were generally mild and temporary. Runny nose was the most common. Other common side effects included various cold-like symptoms, such as headache, cough, sore throat, tiredness/weakness, irritability, and muscle aches.

How old is your child? _____ If your child is under age of 9, has he/she ever had a flu immunization or FluMist? Yes NO
If your answer is NO, your child will require a booster in one month.

Precautions and Contraindications: Please mark YES or NO for each question.

	YES	NO
1. Is your child allergic to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a doctor ever told you that your child has an immune system disorder?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child have AIDS, HIV, cancer or has he/she received an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a history of asthma or reactive airway disease?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have any disease of the lungs, including chronic bronchitis, emphysema, or cystic fibrosis?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your child ever had Guillain-Barre syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child have a kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your child have a blood disease like sickle cell disease or thalassemia?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child currently have a respiratory illness or a fever?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your child received any vaccines within the last month or does he/she plan to receive any within the next month?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is your child taking any prescription medicines to prevent or treat influenza?	<input type="checkbox"/>	<input type="checkbox"/>
12. If your child is under 18 years of age, is he/she currently receiving aspirin or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your child have diabetes or other metabolic disease?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is your child in close contact with severely immunocompromised individuals requiring a protective environment (such as bone marrow transplant recipients)?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above, your physician will have to determine if FluMist is right for your child.

I have read or have had explained to me the information on this form about influenza and FluMist. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of FluMist and ask that FluMist be given to the person named below for whom I am authorized to make this request.

INFORMATION ABOUT THE PERSON TO RECEIVE FLUMIST (please print)

Last Name	First Name	Birthdate	Age
SIGNATURE of person authorized to make the request		DATE	Child's Primary Care Physician

FOR CLINIC USE

Clinic Identification	Date FluMist Administered	Manufacturer and Lot Number
Signature of FluMist Administrator	Title of FluMist Administrator	

If your child has a reaction after getting FluMist, you should immediately contact your physician.