

FluMist® (Influenza Virus Vaccine Live, Intranasal) Vaccination Consent Form

Questions? Please contact [Sharon Health Department at 781-784-1500 x206] or call your healthcare provider.
Please complete and return this form (PLEASE PRINT).

Name of child receiving vaccination: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Home phone: _____ Emergency contact number: _____

Mother's name: _____ Father's name: _____

Guardian (if applicable): _____ Relationship: _____

Please answer each question below; they will be reviewed by a healthcare provider to determine if your child is eligible for FluMist.

1. Has your child received a vaccine within the past 30 days? Yes
No
If yes, please list name of vaccine(s): _____
2. Has your child received a flu vaccination before? Yes
No
3. How old is your child? _____
4. Is your child allergic to any part of the vaccine (eggs, egg proteins, gentamicin, gelatin, or arginine)? Yes
No
5. Has the child ever had a life-threatening reaction to an influenza vaccine? Yes
No
6. Is your child under 18 years of age currently receiving aspirin or aspirin-containing therapy? Yes
No
7. Does your child have asthma (at any age), active wheezing (at any age), or recurrent wheezing (2-5 years old)? Yes
No
8. Has your child ever had Guillain-Barré syndrome? Yes
No
9. Does your child have any diseases (for example, cancer, lupus, or HIV/AIDS) or take a medication (for example, steroids or chemotherapy) that lowers the body's resistance to infection? Yes
No
10. Does your child have any of the following long-term health problems? (check circle) Yes
No
 heart disease kidney disease metabolic diseases (for example, diabetes)
 other _____
11. Is your child pregnant or nursing? Yes
No
12. Please let us know if your child has close contact with anyone who has a weakened immune system (for example, an individual who has had a bone marrow transplant and is in a negative pressure hospital room). Please describe:

Additional notes:

Request for administration of FluMist for the above-named recipient: I have been given the CDC Vaccine Information Statement. I have read this document and have no further questions at this time. I understand the risks and benefits of live intranasal influenza vaccine. I request and voluntarily consent that the vaccine be given to my child listed below, of whom I am the parent or legal guardian, and I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the side effects and warnings of the vaccine.

Name of child: _____ Age of child: _____ Today's date: _____

Name of parent/guardian: _____ Signature of parent/guardian: _____

Please see next page for Important Safety and Eligibility Information.

Important Safety and Eligibility Information

Who may be eligible for FluMist® (Influenza Virus Vaccine Live, Intranasal)?

FluMist is a vaccine approved for the prevention of certain types of influenza disease in children, adolescents and adults 2-49 years of age. FluMist may not protect everyone who gets it. FluMist is for intranasal administration only.

Who may not be able to get FluMist?

FluMist is not right for everyone. FluMist must not be given to: people with history of hypersensitivity to eggs, egg proteins, gentamicin, gelatin or arginine; people with life-threatening reactions to previous influenza vaccinations; and children and adolescents receiving aspirin or aspirin-containing therapy.

Children less than 24 months of age are not eligible for FluMist.

The following people may not be able to get FluMist or may be able to get it only in certain situations:

people with asthma or active wheezing, or children less than 5 years of age with recurrent wheezing; people with a history of Guillain-Barré syndrome; people with a weakened immune system; people with long-term medical conditions including heart disease, kidney disease, and metabolic diseases, such as diabetes; and pregnant women.

If your child falls into one of these groups, **be sure to tell your healthcare provider**. They will decide if FluMist is right for your child.

If your child is under the age of 9 and has not been previously vaccinated with influenza vaccine, 2 doses (0.2 ml each) will be required at least one month apart. We will NOT be calling people back for the 2nd dose — nor will we be saving the 2nd dose. You can call us in a month to see if we have a sufficient supply — or you can contact your child's pediatrician.

What are the most common side effects of FluMist?

Most common side effects include runny nose or nasal congestion, sore throat, and fever.

FOR ADMINISTRATION PERSONNEL ONLY

Date: _____ Patient name: _____

I have received and reviewed the consent form, which is complete, and have verified that the individual is eligible for FluMist.

I administered FluMist:

0.1 mL FluMist (Influenza Virus Vaccine Live, Intranasal) in each nostril

Lot #: _____ Expiration: _____ given intranasally

Healthcare provider's signature: _____