

**Northeast Pediatrics and Adolescent Medicine
Seasonal Influenza Vaccination Consent
2011-2012**

Section 1: Information about Child to Receive Vaccine (please print)

Patient Name (Last)	(First)	(M.I.)	Patient Date of Birth month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)	(First)	(M.I.)	Patient Age	Patient Gender M / F

A. In the 2011-2012 influenza vaccination season, all individuals at all ages are encouraged to receive an Influenza Vaccine, previously provided in a separate vaccine.

- All children aged 6 months-8 years who receive a seasonal influenza vaccine for the first time or who did not receive a seasonal influenza vaccine last year (2010-11) should be administered 2 doses.

B. The influenza vaccine is available in 2 formulations, as injection or by intranasal mist. Your answers to the following questions will help us know which of the two formulations of vaccine your child can get.

	YES	NO
1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month _____ day _____ year _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have a history of hypersensitivity, especially anaphylactic reactions to any component of Flu Mist, including eggs or egg products?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your child had a fever (>100.4F) or respiratory symptoms within the last 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant or who is being treated for cancer)?	<input type="checkbox"/>	<input type="checkbox"/>

A "YES" to any of the above questions may indicate that the influenza vaccine should be given by injection as recommended by CDC guidelines.

Section 3: Consent for injectable influenza vaccine

Nursing Initials: _____

CONSENT FOR CHILD'S VACCINATION (INJECTABLE):

I have read or had explained to me the 2011-2012 Vaccine Information Statement for the 2011-2012 Influenza vaccine (injectable) and understand the risks and benefits.

*I give consent to Northeast Pediatrics and Adolescent Medicine and its staff to administer to my child the **2011-2012 Influenza Vaccine by injection.***

Parent/Guardian Signature: _____ Date: _____ Admin: _____

CONSENT FOR CHILD'S VACCINATION (MIST):

I have read or had explained to me the 2011-2012 Vaccine Information Statement for the 2011-2012 Influenza vaccine (intranasal) and understand the risks and benefits.

Flu Mist is a live weakened influenza virus vaccine approved for the prevention of certain types of influenza disease in children, adolescents, and adults 2-49 years of age. **Flu Mist** is for intranasal administration only.

Flu Mist recipients should avoid close contact (e.g. within the same household) with immune compromised individuals for at least 21 days.

*I give consent to Northeast Pediatrics and Adolescent Medicine and its staff to administer to my child the **2011-2012 Influenza Vaccine by intranasal administration.***

Parent/Guardian Signature: _____ Date: _____ Admin: _____