

Init. ___/___

Northeast Pediatrics and Adolescent Medicine Flu Mist Questionnaire

Please answer the following questions and return to the nurse prior to receiving your Flu Mist Vaccine.

FluMist 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. FluMist is for intranasal administration only.

For children age 2-8 years who are receiving an influenza vaccine for the first time, two (2) doses at least one month apart are needed. Children age 2-8 years who received only one (1) dose of flu vaccine last year in their first season of flu vaccination should also receive two (2) doses one month apart.

Does your child have a history of hypersensitivity, especially anaphylactic reactions to any component of Flu Mist including eggs or eggs products?

Yes _____ No _____

Is your child receiving aspirin therapy or aspirin containing therapy?

Yes _____ No _____

Has your child ever had a history of Guillian Barre Syndrome?

Yes _____ No _____

Does your child have a known or suspected immune deficiency disease?

Yes _____ No _____

Does your child have a history of asthma or recurrent wheezing?

Yes _____ No _____

Does anyone in close contact with your child have altered or compromised immune status, such as cancer, chemotherapy, radiation therapy, or an immune deficiency disease?

Yes _____ No _____

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

Administration of Flu Mist should be postponed until after the acute phase (at least 72 hours) of febrile and/or respiratory illness.

Parents/Caregivers should report any suspected adverse events to the physician or clinic where the vaccine was administered.

Patient Name _____ Date of Administration _____

Parent Signature _____

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