

Pediatrics West - 3555 Lutheran Pkwy, Wheat Ridge, CO 80033 &
13402 West Coal Mine Ave. Littleton, CO 80127

FluMist Questionnaire/Consent Form

- Y N 1) Is your child younger than 24 months old?
- Y N 2) Does your child have asthma, or if your child is younger than 5 years old, has s/he had more than 2 to 3 episodes of wheezing in the last year?
- Y N 3) Has your child ever had a life-threatening reaction to flu vaccine in the past?
- Y N 4) Is your child allergic to eggs or egg proteins? Gelatin?
- Y N 5) Is your child allergic to Gentamycin? Argenine?
- Y N 6) Is your child immunocompromised?
- Y N 7) If you are an adolescent girl, are you pregnant?
- Y N 8) Is your child on aspirin therapy?

If you answered "yes" to any of the above questions, your child is NOT eligible.

OK so far? Now. . . At the 5-year check up, we offer MMR and Varicella (chicken pox) boosters. FluMist CAN be given at the same time as these vaccines! If not given at the same time, we must give Flumist 4 full weeks before the boosters are given OR wait 4 full weeks after boosters are given before giving FluMist.

Person to Receive Vaccine

Name _____ DOB _____ Age _____ Ph# _____

Address _____ City _____ State _____ Zip _____

Signature of parent or guardian _____

For Clinic Use Only:

Date of vaccination _____ Doctor: RCM NB SFE

Manufacturer/Lot # _____ exp.date _____ SN CF MB

Pt. Temp _____

Signature of Staff administering IZ _____