

Consent Form For Seasonal Influenza (Flu) Vaccine

I have read or have had explained to me the information about influenza and the influenza vaccine. I have had an opportunity to discuss the benefits and risks of influenza vaccine with a healthcare provider of my choice before coming here today. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine and request that the vaccine be given to my child. **YES** **NO**

Child's Name (First, Middle, Last): _____

Child's Birthday (mm/dd/yyyy): ____/____/____

Is your child 6 months of age or older? **YES** **NO**

Parent or Guardian's Name: _____

1. Is the person receiving this vaccine feeling well today? **YES** **NO**
 2. Has the person receiving the vaccine ever had a severe allergic reaction to eggs, chickens, or chicken feathers? **YES** **NO**
 3. Does the person receiving this vaccine have a history of Guillain-Barre syndrome or persistent neurological illness? **YES** **NO**
 4. Is the person receiving the vaccine allergic to Neomycin, Thimerosal, any vaccine ingredient, or latex? **YES**, **NO** If *Yes*, explain _____
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Influenza Live Intranasal Vaccine (FluMist)

For your child to be able to receive the influenza live intranasal vaccine (FluMist), they must be at least 2 years of age, not have asthma, and not be taking long-term aspirin or aspirin-containing therapy.

1. Has the person received a live vaccine within 30 days? **YES** **NO**
 2. Is the person receiving the vaccine pregnant? **YES** **NO**
 3. Is the child taking long-term aspirin? **YES** **NO** (If *Yes*, then we recommend the flu shot.)
 4. Does the child have asthma or use an inhaler/nebulizer? **YES** **NO**
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Signature of Parent / Guardian

Date

Signature of Doctor / Medical Assistant

Date

Child's Temperature: _____