

## FluMist Screening Form

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The following questions will help determine if the person is an appropriate candidate for FluMist:

Yes \_\_\_ No\_\_\_ 1. Do any of the following apply to the person being vaccinated with FluMist?

- Allergy to eggs, egg proteins, gentamicin, gelatin, or arginine
- Life threatening reactions to influenza vaccine in the past
- Is between 2 years and 17 years of age and currently receiving aspirin-containing therapy

Yes\_\_\_ No\_\_\_ 2. Do any of the following apply to the person being vaccinated?

- Any aerosolized ( as with "puffer" (metered dose inhaler) or nebulized with machine) medicines in the past?
- Wheezing in past five years?
- Has asthma?
- Has your healthcare provider told you in the past 12 months that your child (2 years to 5 years of age) has wheezing or asthma?
- Experienced Guillain-Barre syndrome within 6 weeks following any prior influenza vaccine?
- Has long-term health problems with weakened immune system or heart, lung, liver, kidney, or metabolic disease (e.g. diabetes), or blood disorders?
- Pregnant or nursing?

Yes\_\_\_ No\_\_\_ 3. Does the person to be vaccinated expect to have close contact within the next 7 days with a person whose immune system is so severely compromised to the degree that he/she must be in a protective environment, such as a negative-pressure hospital room?

The above questions are not a complete list of factors for determining whether a person is eligible fo receive FluMist.

Consult your healthcare professional for details.

FluMist may not protect all individuals receiving the vaccine.

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

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 is for intranasal administration only.

Patient name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_