

**Live Intranasal (Quadrivalent)(LAIV4)Flu Vaccine**  
 FluMist Quadrivalent

**Outpatient Flu Vaccination Record 2014–15**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

MR# \_\_\_\_\_ Employee # (EOH Use Only): \_\_\_\_\_

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|---|-----|----|
| 1. Are you a healthy child or adult from 2 years to 49 years of age?  | Yes | No |
| 2. Are you, or could you be pregnant? <b>If yes, LAIV4 is not indicated.</b>  | Yes | No |
| 3. Any history of allergies to eggs or latex?   | Yes | No |
| 4. Cold, fever greater than 100 degrees Fahrenheit, acute respiratory disease, or any other sign of infection?  | Yes | No |
| 5. Previous severe reaction to a flu vaccine?   | Yes | No |
| 6. History of seizure brought on by a fever?  | Yes | No |
| 7. History of Guillain-Barre Syndrome?  | Yes | No |
| 8. Child or adolescent currently taking aspirin or other salicylates?   | Yes | No |
| 9. For children ages 2 years to 4 years: Has a health-care provider ever told you that your child had wheezing or asthma in the last 12 months? <b>If yes, child should not receive FluMist (FluMist Quadrivalent).</b> | Yes | No |

**If yes is checked in any boxes 2-9, the patient must be referred to a provider for further evaluation.**

I have read the vaccine information sheet (VIS) regarding the live intranasal flu vaccine. I have had an opportunity to ask questions regarding the flu; flu vaccines; risks, as well as the usual and infrequent side effects. I have truthfully answered the above questions. I request that the live intranasal influenza vaccine be given. I understand that it would be best if I remain in the clinic for 15 minutes following administration of the vaccine in the event that I experience any adverse reactions. If I choose not to stay the recommended time, I will immediately contact my provider if I have symptoms that may be related to receiving flu vaccine or I will go to the nearest emergency room..

\_\_\_\_\_  
 Patient's name (please print) Date of birth

\_\_\_\_\_  
 Signature of person receiving vaccine (or parent/guardian) Date

Live Intranasal quadrivalent flu vaccine is **not indicated** for adults 50 years of age and older or children from 6 months to 23 months of age.

<b>FluMist Quadrivalent, Intranasal (MedImmune) (no preservatives or latex)</b>	2 years to 49 years*	0.2 mL prefilled single use intranasal spray (0.1 mL per nostril)	<b>Age up to 8 years:</b> 1 or 2 (1 month apart) doses depending on vaccination history per ACIP recommendations*  <b>Age ≥ 9 years:</b> 1 dose	<b>Intranasal</b>
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Date	Dosage 0.1 ml ea nostril	Route L and R Nostril	Manufacturer MedImmune	Lot # Expire Date	VIS Date	Clinical Staff Signature
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If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted \_\_\_\_\_  Interpreter Refused  
 (Name/Number of Person/Services Chosen/Used)



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