



FluMist® (Influenza Virus Vaccine Live, Intranasal)
Vaccination Consent Form – Parent or Guardian

Before your child can receive FluMist®, you must read this information sheet, answer the questions and ask the health care professional administering the vaccine to review your answers. FluMist® should only be administered to children and adolescents 2-17 years old and adults 18-49 years old who are healthy and not pregnant. Certain people must not receive FluMist®. You must answer each question below, and have the answers reviewed by the health care professional to ensure your child is eligible to receive FluMist®. The health care professional will keep this questionnaire and any information collected in a confidential manner. There are risks associated with all vaccines, including FluMist®. Like any vaccine, FluMist® does not protect 100% of individuals vaccinated. In studies of people between the ages of 2 and 49, side effects were generally mild and temporary. Runny nose was the most common. Other common side effects included various cold-like symptoms, such as headache, cough, sore throat, tiredness/weakness, irritability and muscle aches.

How old is your child? _____

Precautions and Contraindications: Please mark YES or NO for each question.

Table with 18 rows of questions and two columns labeled 'Yes' and 'No', each containing a pencil icon for marking answers.

If you answered yes to any of the above, your physician will have to determine if FluMist® is right for your child. If you have any questions about the benefits and risks of vaccination with FluMist®, please contact _____

I have read the above information about FluMist® and have truthfully answered all of the questions on this form. I have also received a copy of the Vaccine Information Statement for FluMist®. I have had a chance to ask questions and fully understand the benefits and risks of vaccination with FluMist®. My signature below indicates my permission for FluMist® to be given to the child named below, and I am the Child's parent or legal authority with authority to consent to vaccination.

FluMist® given on (Date) _____ (Time) _____ Lot Number _____
Printed Name of Person to Receive Vaccine _____

Printed Name of Parent or Guardian _____

Where to Report Adverse Reactions (Side Effects):

If your child has a reaction after getting FluMist®, you should contact your pharmacist or physician right away. You are encouraged to report any reaction from the vaccine to the FDA (Food and Drug Administration) using the Vaccine Adverse Event Reporting System (VAERS) form available at https://secure.vaers.org/VaersDataEntryintro.htm. The VAERS reporting form and instructions for submitting it can be obtained by calling toll-free 1-800-7967 or by toll-free fax at 1-877-721-0366