

PEDIATRIC ASSOCIATES OF RICHMOND, INC.
FluMist VACCINE (Live Intra Nasal) CONSENT FORM 2011-2012
Ages 2 to 49 only

PATIENT NAME _____ DOB _____

FluMist is an influenza vaccine that is given as a mist into the nose. This FluMist contains three live, weakened influenza virus strains. The body's response to this vaccine may help prevent the flu for the entire season. However, it does not prevent the flu for all of the people who take it.

Side effects are generally mild and temporary. These effects could be runny nose, headache, cough, sore throat, tiredness, weakness, irritability and muscle aches.

FluMist will only be given to children 2 years or older who are Healthy.

If your child has any of the conditions listed below, it is not recommended that he or she receive FluMist.

- Allergy to Eggs
- Current Fever
- Immune System problems
- Taken Oral steroids within the past 4 weeks
- Moderate to severe Asthma/ Lung problems, i.e.; Cystic Fibrosis
- Wheezing within the last 12 months if your child is less than 5 years old
- Chronic medical problems, i.e.; Metabolic disease, Kidney disease, Diabetes, or blood disorders.
- Receiving immunosuppressive therapies including chronic aspirin therapy
- History of Guillain-Barre Syndrome
- Pregnancy
- Received a live vaccine within the last 4 weeks

I have read the above information about FluMist. I received a copy of the CDC Vaccine Information Statement or Key Facts for FluMist. I have had a chance to ask questions about and fully understand the benefits and risks of vaccination with FluMist. My signature indicates my permission for FluMist to be given to my child.

Signature Parent/Guardian Relationship to Patient Date

Manufacturer _____ Lot# _____

Signature & Title of Administrator _____ Date _____

Diagnosis Code for FluMist V04.81 Amount Paid\$ _____ By _____