



The Vaccine People

410-727-0556

FluMist IMMUNIZATION CONSENT

FluMist

Influenza (flu) is a highly infectious respiratory viral infection that causes recurrent winter epidemics of acute disease in persons of all ages. Symptoms of flu may include fever, chills, headache, dry cough, and muscle aches. It may take several days to a week or more to recover completely. However, for some people, flu may be especially severe, and pneumonia or other complications, including death, may occur. Vaccination is the principal means of prevention of influenza and influenza associated complications.

Intranasal Vaccine

Influenza Virus Vaccine Live, Intranasal (FluMist) is a live trivalent nasally administered vaccine intended for active immunization for the prevention of influenza. For healthy children age 2 years through 8 years who have not previously received FluMist vaccine, the recommended dosage schedule for nasal administration is one 0.2 ml dose followed by a second 0.2 ml. dose given at least 6 weeks later. For all other healthy individuals 2-49 years who have previously received at least one dose of FluMist, the recommended schedule is one dose. The U.S. Public Health Service and the Center for Biologics Evaluation & Research of the U.S. Food and Drug Administration, recommend the strains to be included in the vaccine each year. The types of virus included are those that have most recently been causing influenza.

Risks and Possible Side Effects

Influenza vaccine generally causes only mild side effects that occur at low frequency. Reactions may include cough, runny nose, sore throat, headache, chills, muscle aches, tiredness/weakness and fever. Most people who receive the vaccine either have no reaction or only mild reactions. Also, medical events completely unrelated to the vaccine may occur coincidentally following vaccination.

Contraindications

Vaccination is generally not recommended or recommended with conditions:

1. Allergy to eggs or egg products.
2. FluMist is not recommended for anyone under 2 years or over 50 years of age or pregnant women.
3. History of asthma or reactive airways disease.
4. Children or adolescents who are receiving aspirin therapy or aspirin-containing therapy.
5. Acute febrile or respiratory illnesses (Postpone administration at least 72 hours).
6. Contact with immunocompromised individuals (must wait at least 21 days).
7. Should not be administered until 48 hours after the cessation of antiviral therapy, and antiviral agents should not be administered until 2 weeks after administration of FluMist unless medically indicated.

If you have any of the above, please notify the staff. If you have any questions, please ask now or check with your physician before receiving the vaccine.

If you experience any significant reactions, see your physician.

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For Clinic Use

Date of Vaccination: _____ Manufacturer & Lot #: Med Immune _____ Intranasal _____

Administered By: _____ Clinic Site: _____ Payment: _____

I have read the above information about Influenza and Influenza vaccine, and I have had a chance to ask questions. I understand the benefits and risks of Influenza vaccination and request that the vaccine be given to me. I understand Passport health is not a Medicare provider, and does no insurance billing or filing of forms. I am responsible for all fees.

Information-Person to Receive Vaccine

Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Daytime Phone #: _____