

Influenza Vaccination Consent Form and Record

Please complete and return this form (PLEASE PRINT).

Child receiving vaccine (last, first, middle initial): _____ Birth date: ____/____/____
 Address: _____ Apt # _____
 City: _____ State: _____ ZIP Code: _____ County: _____
 Home telephone: _____ Emergency contact number: _____
 Mother's name: _____ Father's name: _____
 Grade: _____ Homeroom Teacher's Name: _____

Please circle YES or NO to the questions below:

1. Is your child allergic to eggs, egg proteins, or to another component of influenza vaccines? Yes No
2. Has your child ever had a serious reaction to an influenza vaccine? Yes No
3. Has your child ever had Guillain-Barfe syndrome? Yes No
4. If this child is under 9 years, have they received 2 or more previous influenza vaccinations? Yes No
5. Does your child have asthma or recurrent or active wheezing? Yes No
6. Is your child under 18 years of age currently receiving aspirin or aspirin containing therapy? Yes No
7. Is your child pregnant or nursing? Yes No
8. Does your child have any diseases (e.g., cancer, lupus, or human immunodeficiency virus [HIV] or acquired immunodeficiency syndrome [AIDS]) or take a medication (e.g., steroids or chemotherapy) that lowers the body's resistance to infection? Yes No
9. Has your child received a vaccine within the past 30 days? Yes No
 If yes, please list name of vaccine(s): _____ Date _____
10. Does your child have any of the following long-term health problems? (PLEASE CIRCLE)
 heart disease lung disease kidney disease metabolic diseases (e.g., diabetes)
 other _____
11. Please let us know if your child has close contact with anyone who has a weakened immune system and must be in a protective environment (eg, an individual who has had a bone marrow transplant). Please describe:

Note: If you answered YES to questions 1, 2, or 3, your child should NOT receive an influenza vaccine through the school vaccination program. If you answered YES or left blank any of the questions 5 through 11, your child should NOT receive an intranasal influenza vaccine, but is recommended to receive an injectable influenza vaccine.

I have been given the Centers for Disease Control and Prevention Vaccine Information Sheets. I have read these documents and have no further questions at this time. I understand the risks and benefits of both vaccines. I request and voluntarily consent that influenza vaccine be given to _____ of whom I am the parent or legal guardian, and I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the possible side effects and warnings and precautions that should be taken into consideration prior to administration of the vaccine.

Allergies or medical alert: _____

My preference for my child's influenza vaccine is the following:

- Inactivated injectable influenza vaccine ONLY
- Live intranasal influenza vaccine ONLY
- No preference, either inactivated injectable influenza vaccine OR live intranasal influenza vaccine

Signature of Parent or Legal Guardian: _____

Date: _____ Printed name of above: _____

For Clinic Use Only

Vaccination Date	VIS Date	Lot #	Manufacturer	Site/Route	Dosage Vol
_____	_____	_____	_____	LD RD IM	0.5 ml
_____	_____	_____	_____	Nasal	0.2 ml

Signature of Vaccine Administrator: _____ Signature Date: _____

Are you interested in knowing why certain questions are on the Influenza Vaccination Consent Form?

If so, please read the information below. If you have additional questions, consult your health-care provider.

- 1. Is your child allergic to eggs, egg proteins, or to another component of the vaccine?**
History of anaphylactic reaction—such as hives, wheezing, or difficulty breathing, or circulatory collapse or shock (not fainting)—after eating eggs or receiving any component of an influenza vaccine is usually a contraindication for further doses. Please check with your health-care provider to see if your child has allergies that would prevent immunization against influenza disease.
- 2. Has your child ever had a serious reaction to an influenza vaccine?**
Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza.
Fever, malaise, myalgia, and other systemic symptoms most often affect persons who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination.
- 3. Has your child ever had Guillain-Barré syndrome?**
It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons. Although data are limited, the established benefits of influenza vaccination for the majority of persons who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.
- 4. Is your child younger than 2 years of age?**
The intranasal influenza vaccine is not licensed for use in persons younger than 2 years of age or older than age 49 years of age.
- 5. Does your child have asthma or recurrent or active wheezing?**
The intranasal influenza vaccine is not recommended for children with possible reactive airways disease (eg, history of asthma or recurrent wheezing or whose parent or guardian answers yes to this question). Instead, they should be given the injectable influenza vaccine.
- 6. Is your child under 18 years of age currently receiving aspirin or aspirin containing therapy?**
Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given the intranasal influenza vaccine. Instead they should be vaccinated with the injectable influenza vaccine.
- 7. Is your child pregnant or nursing?**
It is recommended that pregnant women receive injectable influenza virus vaccine. Pregnant women or women planning to become pregnant within a month should not be given the intranasal influenza vaccine. If you have any concerns, please consult your child's health-care provider.
- 8. Does your child have any diseases (eg, cancer, lupus, or HIV/AIDS) or take a medication (eg, steroids or chemotherapy) that lowers the body's resistance to infection?**
Persons with weakened immune systems should not be given the intranasal influenza vaccine. Instead, they should be given the injectable influenza vaccine.
- 9. Has your child received a vaccine within the past 30 days?**
Persons who were given a live virus vaccine (eg, MMR, MMRV, varicella, yellow fever) in the past 4 weeks should wait 28 days before receiving another live virus vaccine (eg, the intranasal influenza vaccine). There is no reason to defer giving a live virus vaccine (eg, the intranasal influenza vaccine) if they were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (eg, immunoglobulin [IG]).
- 10. Does your child have any long-term health problems?**
Persons with any of these health conditions (listed in question 9) should not be given the intranasal influenza vaccine. Instead, they should be vaccinated with the injectable influenza vaccine.
- 11. Is your child in close contact with anyone who has a weakened immune system?**
Vaccination against influenza disease is recommended for any household contact of a person with a weakened immune system. Injectable influenza vaccine is preferred for persons who have close contact with severely immunosuppressed persons during periods in which the immunosuppressed person requires care in a protective environment.

If you have any questions regarding influenza vaccination, please contact your child's health-care provider.