FluMist Vaccine Consent 2015-2016

FluMist should only be administered for ages 2 - 49 who are healthy and not pregnant. There are risks associated with all vaccines, including FluMist. FluMist does not cover 100% of the individuals vaccinated. Side effects in the study were mild and temporary. Runny nose was most common. You should not get the FluMist vaccine if you have an allergy to eggs, gentamicin, gelatin, or arginine or if you are aged 2-17 years old and take Aspirin or medicines containing aspirin.

Faculty/Staff Student Visitor

Please answer the following questions. Explain if answer is "Yes" **Explanation**

1. Do you currently have a respiratory illness or a fever? **No** ❑ **Yes** ❑ _____
2. Do you have a history of asthma or reactive airway disease? **No** ❑ **Yes** ❑ _____
3. Are you allergic to eggs or egg products? **No** ❑ **Yes** ❑ _____
4. Are you allergic to any medications? **No** ❑ **Yes** ❑ _____
5. Are you sensitive to/allergic to latex? **No** ❑ **Yes** ❑ _____
6. Have you ever had a vaccine reaction? **No** ❑ **Yes** ❑ _____
7. Have you ever had Guillain-Barre Syndrome? **No** ❑ **Yes** ❑ _____
8. Have you had a disorder in the last month that caused brain or nerve damage such as stroke or convulsion? **No** ❑ **Yes** ❑ _____
9. Is there possibility of pregnancy? **No** ❑ **Yes** ❑ _____
10. Do you have AIDS/HIV cancer or are you in contact with anyone severely immunocompromised? **No** ❑ **Yes** ❑ _____

Information about the person to receive the vaccine *(Print in blue or black ink.)*				
Name: Last, First, MI			Date of Birth	Age
University ID#			Telephone#	
Address: Street	City	County	State	Zip Code

Signature of person to receive the vaccine or person authorized to make the request. (Parent or guardian if under 18 years of age.)

X _____ Date _____

For Office Use Only

Date Vaccine Administered: _____ Clinic: University Health Center, University of

Vaccine Manufacturer: MedImmune Maryland Vaccine Lot Number: CJ2005 EXP: 15DEC14 Site: **L R**

Vaccine Manufacturer: _____ nares Vaccine Lot Number: _____ EXP: _____

Vaccine Administrator Signature: _____ RN

Revised 9/2015