

Town and Country Pediatrics, S.C.

Clybourn (773)929-2260 Glenview (847)998-8806 Lincoln (773)478-1067

FluMist Questionnaire 2006-2007

A signed consent in the form of a questionnaire **must** be completed on behalf of your child in order to receive vaccine. If you answer yes to any of these questions, please call the office before receiving FluMist.

**Please bring this form with you with your answers clearly circled-
this will expedite your vaccine visit**

1. Does your child currently have a significant respiratory illness or nasal congestion? Y N
2. Does your child have a fever? Y N
3. Has your child received or plan to receive live vaccines (like **MMR**) in the next month? Y N
4. Do you think that your child is allergic to eggs? Y N
5. Does your child have any problems with his/her immune system? Y N
6. Does anyone living with you have a severely compromised immune system? Y N
7. Did a doctor ever tell you that your child had asthma or reactive airway disease? Y N
8. Has your child wheezed in the last 6 months? Y N
9. Does your child have any disease of the lungs like cystic fibrosis? Y N
10. Has your child ever had Guillain-Barre Syndrome or active brain disease? Y N
11. Does your child have kidney disease? Y N
12. Does your child have heart disease or a heart murmur? Y N
13. Does your child have a blood disease like sickle cell disease or thalassemia? Y N
14. Does your child have diabetes or other metabolic disease? Y N
15. Is your child taking any prescription medicines to prevent or treat the flu? Y N
16. Is your child taking prescription steroids like prednisone to treat asthma/skin conditions? Y N

Parent signature _____

Child's
Name _____ DOB _____ Date _____

Town and Country Use Only:

Circle Type of Vaccine 0.25 mL Injectable 0.5mL Injectable FluMist

Date Given _____ Site _____ Circle Manufacturer Sanofi Pasteur Medimmune Lot # _____ Exp. Date _____ VIS 6/30/06 RN/MA signature _____