

Pediatric/Adolescent Screening and Immunization Documentation Form
2008-2009 Influenza Vaccination Program

For parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give your child the intranasal or the injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

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|--|---|----|-----|
| <i>Circle answers to questions 1-15:</i> | | | |
| 1. | Is the person to be vaccinated younger than 2 years of age? | No | Yes |
| 2. | Has your child ever had a serious reaction to a flu shot? | No | Yes |
| 3. | Does your child currently have a respiratory illness or a fever? | No | Yes |
| 4. | Is your child allergic to eggs, egg protein, or chicken protein? | No | Yes |
| 5. | Does your child have an allergy to gentamicin, gelatin, arginine or thimerosal? | No | Yes |
| 6. | Does your child have a history of Guillain-Barre Syndrome (GBS)? | No | Yes |
| 7. | Is your child receiving aspirin therapy or aspirin-containing therapy? | No | Yes |
| 8. | Does your child have an active neurological disease? | No | Yes |
| 9. | Has your doctor ever told you that your child has an immune system disorder or is your child on long-term treatment with steroids? | No | Yes |
| 10. | Does your child have HIV, AIDS, cancer, or has had an organ transplant? | No | Yes |
| 11. | Does your child have a history of asthma or reactive airway disease? | No | Yes |
| 12. | Does your child have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g. diabetes), anemia, or other blood disorder? | No | Yes |
| 13. | Is the person to be vaccinated pregnant? | No | Yes |
| 14. | Has your child received any vaccines within the last 30 days? | No | Yes |
| 15. | Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective environment? | No | Yes |

"I have read or have had explained to me the information in the influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."
 Date: _____ Parent/Guardian Signature: _____

Below to be complete by healthcare provider

| | | |
|---|--|--|
| <input type="checkbox"/> Give injectable flu vaccine today <input type="checkbox"/> Give intranasal FluMist today <input type="checkbox"/> Do not administer flu vaccine today | <u>Vaccine Information Statement</u> (circle one) Inactivated Influenza Vaccine 7/24/2008 Live, Attenuated Influenza Vaccine 7/24/2008 | |
| | All patient questions were addressed and patient verbalized understanding. | |

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|-----------------|--------------------------------|-------------|
| Comments | Interviewer's Signature | Date |
|-----------------|--------------------------------|-------------|

Vaccine Administered:

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|---|--|
| <input type="checkbox"/> Live Intranasal Influenza (FluMist, MedImmune) Lot # _____ Dose: 0.2 ml Route: Intranasal | <input type="checkbox"/> Inactivated Influenza (Fluzone, Sanofi-Pasteur) Lot # _____ Dose (6-35 mo): 0.25 ml Route: IM (6-12 mo) Thigh IM (>12mo) Deltoid Dose:(≥36 mo) 0.5 ml Route: IM Left Deltoid |
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|--------------|-------------------------|-------------|
| Name: | Administered by: | Date |
| DOB: | | |
| SSN: | | |