Date: Date of birth:

Patient name:

Last First

Is your child allergic to eggs?

Does your child have asthma?

Has your child wheezed or needed a breathing treatment or inhaler in the last year?

Has your child had any adverse reaction to vaccines?

Does your child have any immune deficiencies or other health problems?

“I have read or have had explained to me information about the indicated vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the indicated vaccine be given to me or the named person for whom I am authorized to make the request.”

Has your child had a flu mist, MMR or chicken pox vaccine in the last 30 days?

Is your child currently ill or had a fever in the past 48 hours?

Has your child had Guillain – Barre syndrome?

Is there a possibility your child could be pregnant?

Sticker here Site given: Signature of vaccine admin: Signature of parent/patient Intranasal