

Screening Form for Nasal Spray Flu Vaccine 2018

Child's Name (print) _____ Grade _____ School _____

Allergies _____

Answering these questions will help us to know which type of flu vaccine your child should get and whether your child should get 1 or 2 doses of flu vaccine.

Section 1: Information to determine if your child should receive 1 or 2 doses of flu vaccine

Children under 9 years who are receiving flu vaccine for the first time or who have had a total of only one dose in all previous years, need two doses separated by at least 4 weeks. Please consult your pediatrician.

Is your child 8 years old or younger? Yes No **If NO, go to Section 2.**

Has your child received 2 or more doses of flu vaccine prior to July 1, 2018 Yes No **If YES go to section 2**

Has your child received any flu vaccine this flu season (since July 1, 2018)? Yes No **If NO, go to section 2**

If yes, how many doses did your child receive? ____ Date(s) received _____

Section 2: Information to determine if your child can receive the 2018-2019 Nasal Spray Flu Vaccine. Please check YES or NO for each question.

There are 2 kinds of flu vaccine available. Your answers to the following questions will help us decide if your child is able to receive the nasal spray (live) vaccine. If your child cannot get the nasal spray, he/she will have to be given the flu shot.

If applicable, vaccine preference: Flu shot _____ Nasal Spray _____

	NO	YES
1. Has your child received any vaccine (not just flu) within the past 30 days? <i>Vaccine:</i> _____ <i>Date given:</i> _____ Month Day Year		
2. Does your child have asthma, diabetes (or other type of metabolic disease), or disease of the lungs (other than asthma), heart, kidneys, liver, nerves, or blood?		
3. Does your child take aspirin or aspirin-containing medicine every day?		
4. Is your child receiving antiviral medications?		
5. Does your child have a weak immune system (from HIV, cancer, or medicines such as steroids or those used to treat cancer)?		
6. Is your child pregnant?		
7. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?		

Form completed by:

Signature of parent or legal guardian _____

Date: _____