

INSIGHT # _____

Date: _____

First Name:

Middle:

Last Name:

Parents: please answer these additional questions if you want your child to receive the live vaccine given nasally.

This supply of FluMist is restricted to persons aged 2 to 18 years only.

- 1) In the past 12 months, has a healthcare provider ever told you that your child had wheezing or asthma? [for children younger than 5 years] Yes No
- 2) Is your child receiving long-term aspirin or aspirin-containing therapy? ----- Yes No
- 3) Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood? Yes No
- 4) Does your child have a weak immune system due to HIV, cancer, or medications such as steroids or those used to treat cancer? Yes No
- 5) Has your child been vaccinated with any vaccine within the past 30 days? ----- Yes No
- 6) Is your child pregnant? ----- Yes No
- 7) Will your child have close contact with a person who needs care in a protective environment (for example, someone who recently had a bone marrow transplant)? Yes No