

INTRANASAL INFLUENZA VACCINATION: For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child intranasal influenza vaccine (FluMist) today. If you answer **YES** to any question, it does not necessarily mean you (or 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.

1.	Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past? <i>La persona que se va a vacunar, ¿tuvo en el pasado alguna reacción seria a la vacuna intranasal contra la influenza (FluMist®)?</i>	Yes <i>Si</i>	No <i>No</i>	Don't Know <i>No sabe</i>
2.	Is the person to be vaccinated younger than age 2 years or older than age 49 years? <i>La persona que se va a vacunar, ¿tiene menos de 2 años o más de 49 años?</i>	Yes <i>Si</i>	No <i>No</i>	Don't Know <i>No sabe</i>
3.	Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g. diabetes), or anemia, or another blood disorder? <i>La persona que se va a vacunar, ¿tiene algún problema de salud a largo plazo de enfermedad del corazón, enfermedad de los pulmones, asma, enfermedad de los riñones, alguna enfermedad metabólica (por ejemplo, diabetes), anemia o alguna otra enfermedad de la sangre?</i>	Yes <i>Si</i>	No <i>No</i>	Don't Know <i>No sabe</i>
4.	If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a health care provider ever told you that he or she had wheezing or asthma? <i>La persona que se va a vacunar, ¿es un niño de 2 a 4 años con antecedentes de sibilancias recurrentes o asma?</i>	Yes <i>Si</i>	No <i>No</i>	Don't Know <i>No sabe</i>
5.	Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs? <i>La persona que se va a vacunar, ¿tiene el sistema inmunológico débil debido al VIH/SIDA o a otra enfermedad que afecta el sistema inmunológico, tratamiento a largo plazo con medicamentos como esteroides, o tratamiento contra el cancer con rayos X o medicamentos?</i>	Yes <i>Si</i>	No <i>No</i>	Don't Know <i>No sabe</i>
6.	Is the person to be vaccinated receiving aspirin therapy or aspirin-containing therapy? <i>La persona que se va a vacunar, ¿recibe terapia con aspirinas o terapia que contenga aspirina?</i>	Yes <i>Si</i>	No <i>No</i>	Don't Know <i>No sabe</i>
7.	Is the person to be vaccinated pregnant or could she become pregnant within the next month? <i>La persona que se va a vacunar, ¿está embarazada o podría quedar embarazada en el próximo mes?</i>	Yes <i>Si</i>	No <i>No</i>	Don't Know <i>No sabe</i>
8.	Does the person to be vaccinated live or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (such as in a hospital room with reverse air flow)? <i>La persona que se va a vacunar, ¿vive, o espera tener contacto cercano, con una persona que tiene el sistema inmunológico gravemente afectado y que tiene que estar en un ambiente protegido (como una habitación de hospital con flujo de aire invertido)?</i>	Yes <i>Si</i>	No <i>No</i>	Don't Know <i>No sabe</i>
9.	Has the person to be vaccinated received any other vaccinations in the past 4 weeks? <i>La persona que se va a vacunar, ¿ha recibido alguna otra vacuna en las últimas 4 semanas?</i>	Yes <i>Si</i>	No <i>No</i>	Don't Know <i>No sabe</i>

Form completed by/ Formulario llenado por _____

Date/Fecha _____

Form reviewed by/ Formulario revisado por _____

Date/Fecha _____