

LAIV (FluMist) Screening Questionnaire
Adult

Name: _____

Age: _____

Live, attenuated intranasal vaccine (LAIV) FluMist should only be administered to healthy children and adolescents 2-17 years old and healthy adults 18-49 years of age. Certain people must NOT receive FluMist. Please answer each question below to determine if FluMist is right for you.

Precautions and Contraindications: Please circle YES or NO for each question.

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| 1. Are you allergic to eggs? | YES | NO | DON'T KNOW |
| 2. Do you have any problems with your immune system? | YES | NO | DON'T KNOW |
| 3. Did a doctor ever tell you that you had asthma or reactive airway disease? | YES | NO | DON'T KNOW |
| 4. Do you have AIDS, HIV, cancer, or have you received an organ transplant? | YES | NO | DON'T KNOW |
| 5. Do you have any disease of the lungs, including chronic bronchitis emphysema or cystic fibrosis? | YES | NO | DON'T KNOW |
| 6. Did you ever have Guillain-Barre syndrome or active neurological disease? | YES | NO | DON'T KNOW |
| 7. Do you have kidney disease? | YES | NO | DON'T KNOW |
| 8. Are you pregnant or nursing? | YES | NO | DON'T KNOW |
| 9. Do you have heart disease (angina, congestive heart failure) or have you ever had a heart attack or stroke? | YES | NO | DON'T KNOW |
| 10. Do you have a blood disease like sickle cell disease or thalassemia? | YES | NO | DON'T KNOW |
| 11. Do you currently have a cold or other respiratory illness or a fever? | YES | NO | DON'T KNOW |
| 12. Have you received any vaccines within the last month or do you plan to receive any within the next month? | YES | NO | DON'T KNOW |
| 13. Are you taking any prescription medicines to prevent or treat the flu? | YES | NO | DON'T KNOW |
| 14. Does anyone living with you have a compromised immune system? | YES | NO | DON'T KNOW |
| 15. Do you have diabetes or other metabolic disease? | YES | NO | DON'T KNOW |
| 16. Are you well today? | YES | NO | DON'T KNOW |