Northpoint Pediatrics

Flu Mist Checklist

Name____

1. Does your child have a history of allergy to egg or egg products? Yes No

2. Has your child had Guillain-Barre syndrome in the past? Yes No

3. Has your child received any live vaccines in the last month? Yes No

4. Has your child ever been diagnosed with wheezing or asthma? Yes No

5. Does your child have any known or suspected immune deficiency? Yes No

6. Does your child live with anyone who is severely immunocompromised? Yes No

7. Does your child have any chronic health condition such as heart disease, kidney disease, diabetes, blood disorder, HIV or AIDS? Yes No

---

FOLLOWING QUESTION TO BE COMPLETED ON DATE OF SERVICE:

Has your child had any fever (>101) or respiratory illness in the last 24 hours? Yes No