

**KINSALE MEDICAL
NEW ROAD
KINSALE
Tel: 021 4772253**

Patients Name: _____

Date of Birth: _____

I confirm and consent that I have read the immunisation links below regarding LAIV (live attenuated influenza vaccine). o

<https://www.hse.ie/eng/health/immunisation/whoweare/niacadvice.pdf>

<https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/faqchild.pdf>

Parent / Guardian Consent: Signature..... Date:

If you tick yes to any of the following please discuss with the nurse / doctor. YES NO

		YES	NO
1	Anaphylactic reaction to a previous dose of influenza vaccine or any of its constituents.*		
2	Asthma: ~ An acute exacerbation of asthma symptoms, increased wheeze and/or additional bronchodilator treatment in the LAST 72 HOURS ?		
	~ Severe asthma, or if on regular ORAL steroids or have had previous ICU care for asthma?		
3	Is the child significantly immunosuppressed due to a chronic disease or tre		
4	Taking aspirin or salicylates (aspirin containing medication)		
5	Influenza antiviral medications within the previous 48 HOURS?		
6	Does the child live with severely immunosuppressed persons?		
7	Does the child have abnormally low white blood cells?		
8	Is the child receiving the vaccine pregnant?		

Signed: _____

Date: _____

*LAIV has an ovalbumin content less than 0.024 mcgs per 0.2ml dose. It can be given to children with confirmed egg anaphlaxis or egg allergy in a primary care setting. Children who have required critical care admission to hospital for a previous severe anaphylaxis to egg should be given LAIV in hospital.