

Important Safety Information

Who may be eligible for FluMist® (Influenza Virus Vaccine Live, Intranasal)?

FluMist is a live weakened influenza virus vaccine approved for the prevention of certain types of influenza disease in children, adolescents and adults 2-49 years of age. FluMist may not protect everyone who gets it. FluMist is for intranasal administration only.

Who may not be able to get FluMist?

FluMist is not right for everyone. FluMist must not be given to people with history of hypersensitivity to eggs, egg proteins, gentamicin, gelatin or arginine; people with life-threatening reactions to previous influenza vaccinations; and children and adolescents receiving aspirin or aspirin-containing therapy.

Children under 24 months of age are not eligible for FluMist.

The following people may not be able to get FluMist or may be able to get it only in certain situations: people with asthma or active wheezing, or children less than 5 years of age with recurrent wheezing; people with a history of Guillain-Barré syndrome; people with a weakened immune system; people with long-term medical conditions including heart disease, kidney disease, and metabolic diseases, such as diabetes; and pregnant women.

If your child falls into one of these groups, **be sure to tell your healthcare provider.** They will decide if FluMist is right for your child.

What are the most common side effects of FluMist?

Most common side effects were generally mild and included runny nose or nasal congestion, sore throat, and fever. For a full list of side effects, please see section 6.1 in the enclosed product information.

Please see the enclosed complete product information.

For more information, please visit www.FluMist.com

FOR ADMINISTRATION PERSONNEL ONLY

Date: _____ Patient name: _____

I have received and reviewed the consent form, which is complete, and have verified that the individual is eligible for FluMist.

I administered FluMist®:

0.1 mL FluMist (Influenza Virus Vaccine Live, Intranasal) in each nostril

Lot # _____ Expiration _____ given intranasally

Healthcare provider's signature