## Vaccine Administration Record (VAR) Informed Consent for Vaccination Please print clearly.

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-		7. Do you have cancer, leukemia, lymphoma, HIV/AIDS or any other immune system problem?																														
	8. Are you currently on home infusions, weekly injections and/or taking medications such as Remicade®, Enbrel®, Humira®, Kineret®? Please refer to your pharmacist if unsure about medication history.																															
	9. Do you take cortisone, prednisone, other steroids, anticancer drugs or have had x-ray treatments?																															
INES		10. Have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?																														
3	11. Have	e you rece	eived a	ny v	accina	ations	in th	ne pa	st 4	wee	ks?	20.0														3					T	
E VACCINES	12. Are	<ul><li>11. Have you received any vaccinations in the past 4 weeks?</li><li>12. Are you receiving aspirin therapy or aspirin-containing therapy? (For FluMist® only)</li></ul>																														
LIVE	13. Do y	13. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g. diabetes), anemia or other blood disorder? (For FluMist® only)															ise															
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	<ul> <li>14. Are you currently taking antibiotic or anti-malarial medications? (For Vivotif® only)</li> <li>15. Do you have a history of thymus disorder, including myasthenia gravis, thymoma or prior thymectomy? (For Yellow Fever vaccine only)</li> </ul>																	1														
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