

FluMist Waiver

I, \_\_\_\_\_ have chosen to receive FluMist, (90660, the Live Attenuated Influenza Vaccine, LAIV), which is administered intra-nasally, for my child: \_\_\_\_\_ instead of the inactivated influenza vaccine, (90658), which is administered intramuscularly.

I understand that the cost of the LAIV is higher than the inactivated vaccine and that I am financially responsible to pay the difference between HMSA's payment (\$9.56 as of 10/1/03) and the actual charge for the vaccine.

\_\_\_\_\_  
Signature  
(Rev. 08/04/04)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date