

Pre-Immunisation Checklist

Patient Name: _____

Date of Birth: _____

This checklist helps your doctor / nurse decide about vaccinating you or your child and minimises the risk of an adverse reaction from immunisation.

Please tick the item below or inform you doctor / nurse if the person to be immunised;

- Is unwell today
- Has had a severe reaction to any vaccine
- Has a disease which lowers immunity (eg cancer, leukemia, HIV/AIDS)
- Is currently having treatment which lowers immunity (eg radiotherapy, chemotherapy, oral steroid medications such as cortisone or prednisone)
- Has any severe allergies to anything, especially to antibiotics, eggs, latex rubber/gelatin
- Lives with someone who has a disease which lowers immunity or is having treatment which lowers immunity
- Has had a vaccine in the last month
- Has had an injection of immunoglobulin, or received any blood products or whole blood transfusion within the past year
- Is pregnant
- Has a past history of Guillian-Barre syndrome
- Has a disease of the brain or spinal cord
- Was a preterm infant
- Has a bleeding disorder
- Has a chronic illness
- Has had a convulsion or fit
- Lives with someone who is not immunised

NOTE: If you have any further queries relating to this information or any other matter related to immunisation please ask the doctor / nurse before the vaccines are given.

Before any immunisation takes place, the doctor / nurse will ask you;

- Do you understand the information provided to you about immunisation?
- Do you need more information to decide whether to proceed?

Information understood and consent for vaccination given:

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

GP Signature: _____ Date: _____

