



Checklist pre-vaccination

The following questions will help us decide if it is appropriate for you/your child to be vaccinated today. These questions relate to the person being vaccinated. Answering “yes” to any question, does not necessarily mean you/your child won’t be vaccinated. It means that we will need to ask some extra questions. If you do not understand a question, please ask your health professional to explain.

| | |
|--------------|-----------------------|
| Name: | Date of birth: |
|--------------|-----------------------|

| Questions: | Yes | No | Unsure |
|--|------------|-----------|---------------|
| Are you/your child feeling well today? | | | |
| Have you/your child ever had a serious allergic reaction (to anything)? | | | |
| Have you/your child ever had a serious reaction to any vaccine? | | | |
| Have you/your child received any other vaccines in the last 4 weeks? | | | |
| Do you/your child have a bleeding problem or blood disorder? | | | |
| Have you/your child received any blood products in the last 12mths, or are due to receive blood products? e.g. blood transfusion or immunoglobulin | | | |
| Are you pregnant or trying to get pregnant? | | | |
| Do you/your child have any medical conditions? | | | |
| Have you/your child had any medical conditions in the past? | | | |
| Do you/your child have any other immune system problems you know of? | | | |
| Have you/your child taken any medications or received any treatments that could affect your immune system such as: <ul style="list-style-type: none"> • Steroid medicines (e.g. prednisone) to manage breathing problems? • Cancer treatment? • Medications for the management of conditions such as rheumatoid arthritis, multiple sclerosis, Crohn’s disease or ulcerative colitis, psoriasis, polymyalgia, rheumatic or similar? | | | |
| Are you/your child on any treatment to prevent cold sores, herpes or shingles? | | | |
| Have you ever been told you/your child should not receive live vaccines? | | | |
| Are you/your child taking any medications that were not prescribed at this practice? | | | |
| For infants under 8mths of age: Did the infant’s mother receive any treatments that may have affected her immune system while she was pregnant? | | | |

Signing this form does not mean that you have consented to receive a vaccine. Your health professional will discuss the benefits, possible risks, and expected vaccine responses and answer any questions you have before proceeding with vaccination.

Form completed by:

Date:

Form reviewed by:

Date: