

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 may mean that we will need to ask some extra questions. If you do not understand a question, please ask your health professional to explain it.

Name:	Date of birth:
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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?			
Are you pregnant or trying to get pregnant?			
Do you/your child have a bleeding problem or blood disorder?			
Do you/your child have any medical conditions?			
Have you/your child had any medical conditions in the past?			
Are you/your child taking any medications that were not prescribed at this practice?			
Do you/your child have any other immune system problems you know of?			
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			
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 to manage breathing problems e.g. prednisone? • 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?			
For infants under 12months of age: Did the infant’s mother receive any treatments that may have affected their immune system while they were 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: