Child Pre-vaccination Screening Checklist and Consent Form

This checklist helps your doctor and nurse make decisions about vaccinating your child. Please answer the following questions and advise your immunisation provider if any of the following apply:

Please indicate if the person to be vaccinated:	Yes	No
1. Is unwell today		
2. Has had a severe reaction following any vaccine		
3. Has had any severe allergies to anything, especially antibiotics, eggs, latex rubber		
4. Has a disease that lowers immunity eg: cancer, leukaemia, HIV		
5. Is having treatment that lowers immunity eg: radiation, chemotherapy, steroid medicines such as cortisone and prednisone		
6. Is living with someone who has a disease that lowers immunity or having treatment that lowers immunity		
7. Has a chronic disease such as diabetes, heart disease, asthma, epilepsy		
8. Has had a vaccine containing live viruses within the last month such as MMR, yellow fever, an injection of immunoglobulin or a blood transfusion within the past year		
9. Do you consent to Smartvax sending an SMS message in 3 days to monitor for any reaction to the vaccination/s		
10. Has a history of Guillain-Barre' Syndrome		
11. Does not have a functioning spleen		
12. Has a bleeding disorder		
13. Was a preterm infant		
14. Do you or your child identify as Aboriginal or Torres Strait Islander?		

PLEASE NOTE: If you have questions about the above information or any matter relating to immunisation please ask your GP or nurse prior to the vaccination being given.
I understand the possible reactions and give consent to the immunisation including the information being sent to the Australian Immunisation Register (AIR).

Childs Name: _____   DOB: _____

Parent/Guardian/Carer Name: _____ DOB: _____

Signature: _____Relationship to Child: _____ Date: _____

_____

OFFICE USE ONLY

If not parent, consent has been obtained: ☐ Written   ☐ Verbal   ☐ Mother   ☐ Father

Legal Guardian/Carer: Documentation On File: ☐ Yes   ☐ No

Nurses Name and Signature: _____

VACCINE	BATCH #	Site				GIVEN BY	REMINDER	ENTERED BY
		LL	RL	LA	RA			
		LL	RL	LA	RA			
		LL	RL	LA	RA			