### Pre-vaccination screening checklist

This checklist helps decide about vaccinating you or your child today. Please fill in the following information for your doctor/nurse.

<table>
<thead>
<tr>
<th>Name of person to be vaccinated</th>
<th>_____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Age today</td>
<td>_____________________________</td>
</tr>
</tbody>
</table>

Name of person completing this form _______________________________________________________

Please indicate if the person to be vaccinated:

- [ ] is unwell today
- [ ] has a disease that lowers immunity (e.g. leukaemia, cancer, HIV/AIDS) or is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- [ ] is an infant of a mother who was receiving highly immunosuppressive therapy (e.g. biological disease modifying anti-rheumatic drugs (bDMARDs) during pregnancy)
- [ ] has had a severe reaction following any vaccine
- [ ] has any severe allergies (to anything)
- [ ] has had any vaccine in the past month
- [ ] has had an injection of immunoglobulin, or received any blood products or a whole blood transfusion within the past year
- [ ] is pregnant
- [ ] has a past history of Guillain-Barré syndrome
- [ ] was a preterm infant
- [ ] has a chronic illness
- [ ] has a bleeding disorder
- [ ] identifies as an Aboriginal or Torres Strait Islander
- [ ] does not have a functioning spleen
- [ ] is planning a pregnancy or anticipating parenthood
- [ ] is a parent, grandparent or carer of a newborn
- [ ] lives with someone who has a disease that lowers immunity (e.g. leukaemia, cancer, HIV/AIDS), or lives with someone who is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- [ ] is planning travel
- [ ] has an occupation or lifestyle factor(s) for which vaccination may be needed (discuss with doctor/nurse)

Please specify: ______________________________________________________________________

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**Note:** Please discuss this information or any questions you have about vaccination with your doctor/nurse before the vaccines are given.

Before any vaccination takes place, your doctor/nurse should ask you:

- [ ] Did you understand the information provided to you about vaccination?
- [ ] Do you need more information to decide whether to proceed?
- [ ] Did you bring your/your child’s vaccination record card with you?

It is important for you to receive a personal record of your or your child’s vaccinations. If you do not have a record, ask your doctor/nurse to give you one. Bring this record with you every time you or your child visit for vaccination. Make sure your doctor/nurse records all vaccinations on it.

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