



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

Name of person to be vaccinated

Date of birth

Age today

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 pre-term 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:

Signature:

Date: