

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 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:

Signature: _____

Date: _____