CBD DOCTORS MELBOURNE

BCG VACCINATION QUESTIONNAIRE & CONSENT FORM

Please read the immunisation information provided and discuss with medical practitioner or nurse vaccinator before completing this consent form.

Medicare Number ☐☐☐☐ ☐☐☐☐☐ ☐ ☐ *Reference Number beside name*

VACCINEE'S Family name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Male ☐ Female ☐

Contact number: ☐☐☐☐ ☐☐☐ ☐☐☐ Birth Date (D/M/YR): ☐☐.☐☐.☐☐☐☐

If you answer 'Yes" to any of the following questions, or have any concerns, please discuss with the nurse before giving consent for you or your child to have the vaccination.
Has / is the person who is receiving the vaccine:

☐ Was born in a tuberculosis-endemic country

☐ Has lived or travelled to a tuberculosis-endemic country or region

☐ Ever had tuberculosis or currently being treated for tuberculosis?

☐ Had contact with anyone diagnosed with tuberculosis?

☐ Ever had a positive tuberculin skin test (Mantoux) result?

☐ Ever had a previous BCG vaccination?

☐ Been diagnosed with HIV, is awaiting testing for HIV or in a high-risk group but have not been tested?

☐ Been diagnosed with cancer including any kind of lymphoma or leukaemia?

☐ Receiving any oral or injectable steroid medications or other immune-suppressing treatment or medication e.g. prednisone, TNF inhibitor medication, radium or anti-cancer chemotherapy?

☐ Suffering from major skin conditions e.g. eczema or dermatitis or keloid (severe) scars?

☐ Currently suffering from a viral illness or have a fever?

☐ Currently taking antibiotics?

☐ Is, or could be, pregnant?

☐ Received another live vaccine within the last four (4) weeks i.e. measles, mumps and rubella, yellow fever, chicken pox or Japanese encephalitis vaccines?

I have read and understood the information given to me about immunisation including the risk of the vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risks and benefits with my doctor/nurse. I consent for the above named to be vaccinated against tuberculosis.

Please complete if you are giving consent to vaccinate:

Print your name: _____ Circle: Vaccinee/Parent/Guardian

Signature: _____ Date ____ / ____ / ____

OFFICE USE ONLY Immunisation provider name _____ Date ____ / ____ / ____