

VACCINATION RECORD AND CONSENT FORM

Personal Information			
Full Name in print		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: / /
Home address		Contact number	_____
		Email	_____
Employer		Job Role	

 Assessment/Plan:

OHA signature:.....

Health Questionnaire					
Name of vaccine					
Date	/ /	/ /	/ /	/ /	/ /
Do you have any current health problems?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Are you currently taking any medication?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Are you allergic to any medicines, drugs or foodstuffs?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Have you ever reacted badly to a vaccine or injection?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Have you been treated with steroids, immunosuppressant drugs or received radiotherapy/chemotherapy within the last two years?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Do you suffer from any condition that causes impairment to your immune system?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Have you had any live vaccines within the last 4 weeks (i.e. MMR, yellow fever, varicella)?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
I declare I am not pregnant & I will take appropriate steps to prevent pregnancy until the course of vaccination is complete and for a further 3 months from the administration of MMR and/or varicella. I understand the advice given to me and consent to the administration of the above vaccine(s)	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA

 I consent to a copy of my vaccination record and antibody level results being shared with my employer: Yes No

Client's Signature					
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Vaccination	Date & Time	Batch No Manufacturer	Exp Date	Route	Site	Signature	Patient leaflet
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							<input type="checkbox"/>
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BCG Scar: Yes/No Site _____	History of chicken pox (VZ) Yes/No (serology required for uncertain or negative history of VZ, and if if HCW was raised in tropical or subtropical climate)
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BCG vaccination evidence seen Yes/No	Signature of OHA:
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Blood tests	Date	Result	Action
Measles			
Rubella			
Varicella			
Hepatitis B (HBsAB)			
Repeat Hep B (HBsAB)			
Hepatitis C antibody			
HIV			

Consent

Hepatitis B Core			
Hepatitis B (HBsAG)			