

<p>BACILLE CALMETTE-GUERIN (BCG) PRE VACCINATION CHECKLIST AND CONSENT</p>	SURNAME		D.O.B.	
	FIRST NAMES		AGE	SEX
	ADDRESS			
			POSTCODE	
	TELEPHONE		M.R.N.	

The following information is needed to assess your fitness for Bacille Calmette Guerin (BCG) vaccination.

The conditions listed below do not necessarily mean that you or your child cannot be vaccinated today, **but please tell the nurse if the person to be vaccinated:**

- Is unwell today (eg. has a fever $\geq 38.5^{\circ}\text{C}$);
- Has a disease which lowers his/her immunity (eg. leukaemia, cancer, HIV/Aids or malignancies involving bone marrow or lymphoid systems); or is having treatment which lowers immunity (eg. steroid medicines such as cortisone and prednisone, chemotherapy, or radiation therapy);
- Has ever had a severe reaction following any vaccine;
- Has any severe allergies;
- Has had another vaccination within the last month;
- Has been exposed to a case of tuberculosis (TB) or is being followed up as a TB contact;
- Has had a previous BCG vaccination for TB.

PLEASE NOTE - BCG vaccination is not recommended in the following:

- Individuals with a past positive tuberculin skin test reaction, that is a reaction of $\geq 5\text{mm}$;
- Patients with HIV infection and those who are immuno-compromised (because of the risk of disseminated BCG infection in these individuals);
- Individuals with a high risk of HIV infection where HIV antibody status is unknown;
- Individuals with widespread skin diseases;
- Pregnant women – BCG has never been shown to cause foetal damage but the use of live vaccines in pregnancy is not recommended; and

- Individuals who have previously had TB.

In addition people who develop keloid scars (prominent scar tissue) are advised that after BCG vaccination most people are left with a scar, and keloid scarring may develop at the BCG vaccination site.

Please tell the Nurse if any of the above conditions apply to you or your child prior to having the BCG vaccination. If you have any questions about this information or any other matter relating to BCG vaccination, please ask the nurse before the vaccine is given.

The nurse will ask you if:

- You have read and understand this form and the BCG Vaccination Information sheet, and if
- You need more information to decide whether to have the BCG vaccination.

I have been informed of the risks and benefits of BCG vaccination and have had the opportunity to discuss these with the chest clinic nurse. The information I have supplied is true to the best of my knowledge.

I consent to the administration of the BCG vaccine for:

Cross out the incorrect response: **MYSELF** / **MY CHILD**

Signature: _____ Date: _____

Print Name: _____ Relationship: _____

Chest Clinic Nurse / Immuniser:

Print Name: _____ Signature: _____

Comments: _____

