Eligibility/Consent Form for Neonatal BCG Vaccination

Regional Public Health
Better Health For The Greater Wellington Region

For babies 6 months and under

Baby details

Family name (last name): First name:

Date of birth: Sex: ☐ Male ☐ Female Age: ☐☐ days/weeks NHI number (if known):

Home address:

Suburb or rural locality: Town or city or district: Postcode:

Contact phone number: Ethnicity/ies:

GP name/practice: LMC name: Place of birth:

Eligibility

Countries with high rates of TB are: most of Africa, much of South America, Russia and the former Soviet states, Indian subcontinent, China (including Hong Kong), South East Asia (NOT Singapore), some Pacific nations (NOT Cook Islands, Fiji, Niue, Samoa, Tokelau and Tonga).

Will your infant:

1. Be living in a house of family/whānau with a person with either current TB or a past history of TB? ☐ **Yes** ☐ **No**
2. Have one or more parents or household members or carers, who within the last five years lived for a period of six months or longer in any of the countries listed in the box above? ☐ **Yes** ☐ **No**
3. During his or her first five years be living for three months or longer in any of the countries listed in the box above? ☐ **Yes** ☐ **No**

Complete the remainder of this form ONLY IF YOU ANSWERED YES to any of the above questions.

Parent/Caregiver details

Family name (last name): First name:

Relationship to baby: ☐ Mother ☐ Father ☐ Other, please state:

Home address (if different from above):

History

Complete this section on the day of vaccination

Does the mother of the baby have TB or HIV? ☐ Don't know ☐ Yes ☐ No

Has the baby had any contact with anyone with Tuberculosis? ☐ Don't know ☐ Yes ☐ No

I have read/had explained to me "BCG Vaccine: Information for Parents"? ☐ Yes ☐ No

Is the baby well today? ☐ Yes ☐ No

Has the baby been diagnosed with any other illness or condition? ☐ Yes ☐ No

If yes, please describe:

Is the baby taking medicines or ointments prescribed by a Doctor? ☐ Yes ☐ No

If yes, please describe:

Declaration

☐ I AGREE to my baby, named above, being vaccinated against Tuberculosis Signature:

☐ I DO NOT AGREE to my baby, named above, being vaccinated against Tuberculosis Date:

Vaccinator to complete overleaf

OFFICE USE ONLY - QUALIFIED NURSE TO COMPLETE

☐ Eligibility Checked | Print name: | Signature: | Date: ☐☐☐☐☐☐☐☐

If baby has had contact with Tuberculosis refer to Immunisation Handbook 2011

- Do not vaccinate immediately
- Confirm details with your local Public Health Unit (if applicable)
- Conduct Mantoux testing
- Seek Paediatric advice

Recording immunisations on the National Immunisation Register (NIR)

☐ Parent/caregiver informed about NIR

☐ Baby is opting off immunisation data recorded on the NIR

☐ NIR2 Opt Off form given to parent/caregiver to sign and send to NIR

Immunisation details

Date given: ☐☐☐☐☐☐☐☐ | Time: | Site: | Dose: mls

Batch #: ☐☐☐☐☐☐☐ | Expiry Date: ☐☐☐☐ | Diluent Batch #: ☐☐☐☐☐☐☐ | Diluent Expiry Date: ☐☐☐☐

Vaccinator: Print name: | Registration #: NCNZ:APC | Signature:

WellChild provider:

☐ Recorded in WellChild book? ☐ Anaphylaxis information given? ☐ After Care card given?

Notes

Date:		Signature: