

ADVERSE EVENT FOLLOWING IMMUNISATION

Case details				NDD no.		
Surname	_____	Given name	_____	Sex	M F	
DOB	__/__/__	Age	___ yrs/mth			
Address	_____					
Suburb	_____	Postcode	_____	Telephone	_____	
Other contact	_____				Telephone	_____
Occupation/school	_____				Telephone	_____
Indigenous	<input type="radio"/> Aboriginal	COB	<input type="radio"/> Australia	Language	<input type="radio"/> English	
	<input type="radio"/> Torres St Islander		<input type="radio"/> Other: <i>specify</i>		<input type="radio"/> Other: <i>specify</i>	
	<input type="radio"/> No		_____		_____	

Disease								
Symptomatic	Y	N	Onset date	__/__/__	Onset time	_____ am/pm		
Abscess	Y	N	Encephalopathy	Y	N	Osteomyelitis	Y	N
AF paralysis	Y	N	Encephalitis	Y	N	Parotitis	Y	N
Allergy	Y	N	Fever >40.5° C	Y	N	Rash	Y	N
Anaphylactoid	Y	N	GBS	Y	N	Persist. screaming	Y	N
Anaphylaxis	Y	N	HH episode	Y	N	Seizure	Y	N
Arthralgia	Y	N	Local reaction	Y	N	Sepsis	Y	N
Arthritis	Y	N	Lymphadenitis	Y	N	SSPE	Y	N
Brachial neuritis	Y	N	Meningitis-	Y	N	Thrombocytopenia	Y	N
Death	Y	N	Orchitis	Y	N	Toxic shock synd.	Y	N
Dissem BCG	Y	N	Osteitis	Y	N	Paralytic polio	Y	N
Other severe or unusual event	Y	N	_____					

Time between vaccine & AEFI	_____ days	_____ hours			
Recovered	Y	N	U	Recovery date	__/__/__
Time ill	_____ days	_____ hours			

Description

Notification					
First notifier	_____	Telephone	_____	Fax	_____
Notifier type	<input type="checkbox"/> Parent	Notified date	__/__/__	Received date	__/__/__
No. in order of receipt	<input type="checkbox"/> Doctor				
	<input type="checkbox"/> Hospital (not lab)				
	<input type="checkbox"/> Other _____				
Treating doctor	_____	Telephone	_____	Postcode	_____
Address	_____			Fax	_____

Outcome						
Hospitalised	Y	N	Admitted date	__/__/__	Discharge date	__/__/__
Hospital/s	_____				MRN	_____
Hosp doctor	_____		Telephone	_____	Address	_____
Deceased	Y	N	Death date	__/__/__	Cause of death	Y N U

Case _____

Risk factors

Vaccines in 30 days before AEFI onset:

<i>Vaccine.</i>	<i>Dose No</i>	<i>Date given</i>	<i>Time given</i>	<i>Brand</i>	<i>Batch No.</i>	<i>Where</i>	<i>Postcode</i>
_____	_____	__/__/__	_____ am/pm	_____	_____	_____	_____
_____	_____	__/__/__	_____ am/pm	_____	_____	_____	_____
_____	_____	__/__/__	_____ am/pm	_____	_____	_____	_____
_____	_____	__/__/__	_____ am/pm	_____	_____	_____	_____
_____	_____	__/__/__	_____ am/pm	_____	_____	_____	_____
_____	_____	__/__/__	_____ am/pm	_____	_____	_____	_____

Person ill at vaccination Y N U

Paracetamol given? Y N U

Medical history

Birth gestation (weeks) _____

Birth weight (grams) _____

Allergies Y N U Specify _____

Congenital abnormalities Y N U Specify _____

Convulsions Y N U Specify _____

Epilepsy Y N U Specify _____

Other neurological disorders Y N U Specify _____

Other medical conditions Y N U Specify _____

ADRAC Review

Case classification certain
 probable
 possible
 unclear

Notes

Administration

Completed by _____ Date finalised __/__/__ PHU _____