





Centre de Santé et Services Sociaux Inuulitsivik Inuulitsivik Health & Social Services Centre Puvirnituq, Québec JOM 1P0 T 819 988-2957 / F 819 988-2796

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CONTRAINDICATIONS FOR VACCINATION					
1.	In the child's immediate biological family (brothers, sisters, cousins, nephews, nieces), is there someone afflicted with an immune problem acquired at birth?				
2.	Is the biological mother HIV-positive?*  Date of HIV serology performed during pregnancy for the child concerned: (yyyy/mm/dd)  * If the mother refused the HIV test during the pregnancy concerned, is the child HIV-positive? If unknown, perform the HIV serology on the mother or child and wait for the result.				
3.	Does the child have an immune problem inherited from his or her biological parents?				
4.	Did the child receive a positive result for the SCID test?  Date of test:  Result:				
SPE	CIFIC PRECAUTION	Yes	No		
5.	For a child under six months, did the mother take biological agents during the pregnancy, such as TNF $\alpha$ inhibitors (in case of doubt, consult the pharmacist)?				

If you replied **YES to one of questions 1,2,3,4 or 5**, refer to the attending physician for further PRN assessment. If the contraindication is confirmed, enter in the file and immunization registry.

EXPOSURE OR RISK FACTORS FOR EXPOSURE TO TUBERCULOSIS				
6.	Is the child presently taking medication for tuberculosis?			
7	Does the child have a previous significant TST result?			
	* For the definition of significant TST, refer to the Decision-making algorithm – BCG vaccination.			
8.	Is the child presently being investigated as the contact of a case of active TB or has he or she been identified as such?			

If you replied YES to one of questions 6, 7 or 8, reschedule the appointment for the end of treatment/end of care by TB nurse.

INDICATION FOR PREVACCINATION TST				
9.	Is the infant aged ≥ six months and < 24 months?  * For the procedure to follow according to the results of the assessment of the risk of exposure to TB, refer to the Decision-making algorithm for BCG vaccination			
10.	Is the infant aged ≥ six months and < 24 months?			
11.	According to the Decision-making algorithm – BCG vaccination, is a prevaccination TST indicated?			

If you replied YES to one of questions 9 or 10, refer to the *Decision-making algorithm – BCG vaccination*, available in the vaccination tool kit, for the specific recommendations formulated by the Department of Public Health. If you replied YES to question 11, fill out the TST section of the present form.

Midwife's or nurse's name:	License no. :
Midwife's or nurse's signature	Date :



Nom, prénom :
# Dossier :

B. FILL OUT IN THE PATIENT'S PRESENCE								
TST	TST							
Child's parent or leg	al represer	ntative:   Cons	sented to TST	☐ Refused T	ST			
Reason for refusal, i	f applicable	ə:						
TST performed on :		(yyyy/mm/dd)		TST read on :	(yyyyı	/mm/dd)		
Time :								
Lot no. :				TST result :	mm			
Site :				Nurse's name :			_	
Nurse's name :								
Interpretation of resi		I Significant ☐ Insignistry (SLPMI) ☐ Ent	nificant ered in vaccina	ation history				
		,	ered iii vacciiid	alion history		1 ., 1		
PREVACCINATION			( 20	20 20	. 0	Yes	No	
	•	have a moderate or serious		with or without fev	er?			
		have a disseminated skin af						
14. Has the child	ever had a	significant or allergic (anaph	nylactic) reaction	on after administra	ation of a vaccine?			
15. Did the child r	eceive a liv	ve vaccine, excluding the ora	al rotavirus vac	ccine, in the last fo	our weeks?			
		o one of questions 12, 13, 14 at the DPH to determine wheth			e nurse in charge of immunization istered.			
CONSENT TO VACCINATION								
Is vaccination :	☐ Indicat	ted						
If contraindicated, e	nter the nur	mber of the question corresp	onding to the	contraindication :				
The child's parent or			Ü					
	• ,	s vaccination with BCG	☐ Refuse	ed the child's vacc	ination with BCG			
Reason for refusal, i				nt/refusal given by		☐ Tutor		
		tion, if applicable :	<u></u>	New date of vaccin		_ rutor		
			'	New date of vaccin		/mm/dd)		
DETAILS OF ADMI		VACCINE						
Date and time	Child's age	Name of vaccine	Lot no.	Expiry date	Dose	Site		
(yyyy/mm/dd) (hh:mm)		☐ BCG - Japan		(yyy/mm/dd)	<ul> <li>□ 0,05 ml ID (age &lt; 12 months)</li> <li>□ 0,1 ml ID (age ≥ 12 months)</li> </ul>	☐ Left and right and		
☐ Entered in immur	nization reg	jistry (SI-PMI)	I Entered in va	ccination history		g		
Vaccinator's name :								
Vaccination site (LDS):								