





CTU-0134

Nom, prénom : \_\_\_\_\_

# Dossier : \_\_\_\_\_

**B. FILL OUT IN THE PATIENT'S PRESENCE****TST**Child's parent or legal representative: ☐ Consented to TST ☐ Refused TST

Reason for refusal, if applicable : \_\_\_\_\_

TST performed on : \_\_\_\_\_ (yyyy/mm/dd)

Time : \_\_\_\_\_

Lot no. : \_\_\_\_\_

Site : \_\_\_\_\_

Nurse's name : \_\_\_\_\_

TST read on : \_\_\_\_\_ (yyyy/mm/dd)

Time : \_\_\_\_\_

TST result : \_\_\_\_\_ mm

Nurse's name : \_\_\_\_\_

Interpretation of result : ☐ Significant ☐ Insignificant☐ Entered in immunization registry (SI-PMI) ☐ Entered in vaccination history**PREVACCINATION ASSESSMENT****Yes****No**

12. Does the child presently have a moderate or serious acute illness with or without fever?

13. Does the child presently have a disseminated skin affliction?

14. Has the child ever had a significant or allergic (anaphylactic) reaction after administration of a vaccine?

15. Did the child receive a live vaccine, excluding the oral rotavirus vaccine, in the last four weeks?

If you replied **YES to one of questions 12, 13, 14 or 15**, refer to the *P/Q* or consult the nurse in charge of immunization at the IHC/UTHC or at the DPH to determine whether or not the vaccine can be administered.

**CONSENT TO VACCINATION**Is vaccination : ☐ Indicated ☐ Contraindicated

If contraindicated, enter the number of the question corresponding to the contraindication : \_\_\_\_\_

The child's parent or legal representative :

☐ Consented to the child's vaccination with BCG ☐ Refused the child's vaccination with BCGReason for refusal, if applicable : \_\_\_\_\_ Consent/refusal given by : ☐ Mother ☐ Father ☐ Tutor

Reason for postponing vaccination, if applicable : \_\_\_\_\_ New date of vaccination, if known : \_\_\_\_\_ (yyyy/mm/dd)

**DETAILS OF ADMINISTERED VACCINE**

Date and time	Child's age	Name of vaccine	Lot no.	Expiry date	Dose	Site
(yyyy/mm/dd) (hh:mm)		<input type="checkbox"/> BCG - Japan		(yyy/mm/dd)	<input type="checkbox"/> 0,05 ml ID (age < 12 months) <input type="checkbox"/> 0,1 ml ID (age ≥ 12 months)	<input type="checkbox"/> Left arm <input type="checkbox"/> right arm

☐ Entered in immunization registry (SI-PMI) ☐ Entered in vaccination history

Vaccinator's name : \_\_\_\_\_ Licence no. : \_\_\_\_\_

Vaccination site (LDS): \_\_\_\_\_ Vaccinator's signature : \_\_\_\_\_ Date : \_\_\_\_\_