

Adverse Event Following Immunisation (AEFI) – Initial Report

PATIENT DETAILS *(please print clearly using a black or blue pen)*

Surname:	Given Names:
Date of birth: ____/____/20____	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal & Torres Strait Islander (TSI) <input type="checkbox"/> TSI <input type="checkbox"/> Not Aboriginal or TSI <input type="checkbox"/> Not stated/Unknown	
Address:	Postcode:

Please refer to the National Health and Medical Research Council guidelines on Adverse Events Following Immunisation (AEFI) in the current Australian Immunisation Handbook – Reporting AEFI (see the appropriate appendix for Definitions of AEFI).

ADVERSE EVENT DETAILS

Date of onset of reaction: ____/____/20____

Brief clinical description of AEFI:

Was the person hospitalised following the adverse event?
Yes No

Has the person recovered from the adverse event?
Yes No

If “No”, describe the current situation:

If “No”, Part B (60 day report), should be completed for this patient when requested by Queensland Health.

If “Yes”, in what period did it take for the person to recover?

Was the person ill at the time of administration of the suspected vaccine/s?

Form completed by: _____

Date report completed: ____/____/20____

Practice/clinic details: (please use stamp)

RECORD ALL VACCINES GIVEN PRECEDING THE ADVERSE EVENT

Date of vaccination: ____/____/20____

Was the vaccination/s administered in a School Based Vaccination Program? Yes No

Record all vaccines given on this day

Vaccine/Antigen	Dose no.	Batch number	Site
Infanrix [®] hexa			
Rotavirus			
Prevenar			
MMR			
Meningococcal C			
Hiberix [®]			
Varicella			
Hepatitis A			
DTPa-IPV			
dTpa (eg Boostrix [®])			
Hepatitis B			
Influenza			
Pneumovax 23 [®]			
Human Papillomavirus			
Other (SPECIFY)			
Other (SPECIFY)			

Site abbreviations: LL=left leg RL=right leg, LA=left arm, RA=right arm, O=oral

Please fax this form to Queensland Health on 3328 9434

Your local Population Health Unit may contact you to follow up the AEFI

NOCs use only Notification IDN:

Allocated to PHU .

AEFI forwarded on:/...../20....

Confirmed: Yes No

PHU Medical Officer user only

Notify to NOCs Yes No

Comments:

