

# Pre-vaccination screening checklist

Please indicate if the person to be vaccinated:

- ☐ is unwell today
- ☐ has a disease that lowers immunity (eg leukaemia, cancer, HIV)
- ☐ is having treatment that lowers immunity (eg oral steroid medicines such as cortisone and prednisone, DMARDs [disease-modifying anti-rheumatic drugs], other biologics/monoclonal antibodies, radiotherapy, chemotherapy)
- ☐ is an infant of a mother who received highly immunosuppressive therapy (eg bDMARDs [biologic disease-modifying anti-rheumatic drugs]) during pregnancy
- ☐ has had a severe reaction following any vaccine
- ☐ has *any* severe allergies (to anything)
- ☐ has had any vaccine in the past month
- ☐ has had an injection of immunoglobulin, or received any blood products or a whole-blood transfusion within the past year
- ☐ is pregnant
- ☐ has a history of Guillain–Barré syndrome
- ☐ was a preterm infant
- ☐ has a severe or chronic illness
- ☐ has a bleeding disorder
- ☐ identifies as an Aboriginal or Torres Strait Islander person
- ☐ does not have a functioning spleen
- ☐ is planning a pregnancy or anticipating parenthood
- ☐ is a parent, grandparent or carer of an infant  $\leq 6$  months of age
- ☐ lives with someone who has a disease that lowers immunity (eg leukaemia, cancer, HIV) or lives with someone who is having treatment that lowers immunity (eg oral steroid medicines such as cortisone and prednisone, DMARDs [disease-modifying anti-rheumatic drugs], radiotherapy, chemotherapy)
- ☐ is planning travel
- ☐ has an occupation or lifestyle factor(s) for which vaccination may be needed

**Vaccine providers please see the Australian Immunisation Handbook for responses**  
[Table. Responses to conditions or circumstances identified through the pre-vaccination screening checklist](#)  
[| The Australian Immunisation Handbook \(health.gov.au\)](#)