

KOOWEERUP REGIONAL HEALTH SERVICE

PART E - Immunisation and Immunity Record

Risk Category A B C D (Green)

NAME:	DATE:
DESIGNATION:	SERVICE:

Have you received the normal childhood vaccinations?

VACCINATION	DATE OF VACCINATION	DATE OF BOOSTER
Diphtheria		
Tetanus		
Measles		
Mumps		
Rubella		
Polio		
Pertusis		

Have you been vaccinated against Tuberculosis (BCG Vaccination)? Date:.....

What was your Mantoux Status? [] Positive [] Negative

Have you needed X-Ray for Tuberculosis? [] Yes [] No

Have you ever had or been vaccinated against the following diseases?

	Have you ever had	Year of Vaccination	Year of Booster
Cyto-Megalovirus			
Hepatitis B			
Hepatitis C			
Measles			
Mumps			
Rubella			
Varicella Zoster (Chicken Pox)			
Hepatitis A			

Date of Last Flu Vaccination?
Do you have an immune disorder?

Infection Control Comments: