Queensland Government

Adverse Event Following Immunisation Reporting Form

Office Use Only
Date Report Received:
NOCs ID no.:
TGA ID no.:

Vaccinated person details

Surname First name

.....

Gender: ☐ Male ☐ Female ☐ Unknown

Date of Birth: ..... / ..... / ..... or Age: ☐ Year ☐ Month

Street Address

.....

Suburb State Postcode

.....

Name of parent/guardian (if relevant)

.....

Phone: Home: ..... Mobile: .....

Email: .....

Indigenous status:

Is the person of Aboriginal or Torres Strait Islander origin?

☐ Aboriginal ☐ Torres Strait Islander (TSI)

☐ Aboriginal and TSI ☐ Not Aboriginal or TSI

☐ Not Stated/ Unknown

Important medical history: (e.g. requires regular medical follow up.) .....

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.....

.....

Allergies .....

.....

Was the person ill at the time of vaccination?

☐ No ☐ Yes – please specify .....

Has the vaccinated person had previous reactions to vaccinations?

☐ No ☐ Yes – please specify .....

☐ Unknown

Vaccination provider details

Surname First name

.....

Practice/clinic/provider name:

.....

Street Address

.....

Suburb State Postcode

.....

Phone: Office: ..... Mobile: .....

Email: .....

Fax: .....

Profession:

☐ Medical practitioner ☐ Registered Nurse

☐ Other, please specify .....

Clinical setting:

☐ GP practice ☐ Council clinic ☐ Aged care facility

☐ School vaccination program ☐ Hospital ☐ Unknown

☐ Other, please specify .....

Address of service where vaccine was administered:

☐ As for vaccination provider (above)

or

Name of practice/clinic/provider

.....

Street Address

.....

Suburb State Postcode

.....

Phone: Office: ..... Mobile: .....

Email: .....

Reporter details (if different from vaccinated person details or vaccination provider details)

☐ As per vaccinated person's details (above) or ☐ As per vaccination provider details(above) **OR**

Surname First name Practice Name (if relevant)

.....

Street Address Suburb State Postcode

.....

Phone: landline (incl. area code) ..... Phone: mobile .....

Email ..... Date of report ...../...../.....

Reporter type:

☐ Medical practitioner ☐ Registered nurse ☐ Vaccinated person ☐ Parent/guardian

☐ Other, please specify .....

If you require further information following an adverse event please contact your local Public Health Unit

Consent statement

I, the reporter, agree to be contacted for further follow up regarding this adverse event if necessary. ☐ Yes ☐ No

Signature .....Date ...../...../.....

Please advise the parent/patient that contact details will be used to follow up if information is needed.

Vaccine details

Vaccine (brand name)	Dose no.	Batch no.	Date given	Time given	Route of administration	Injection site
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA

Adverse event details

Onset of event: Date .... / .... / .... Time ....

Description of events, including timeline of occurrences (please provide a separate page if needed):

....

....

....

....

....

....

Management of event: (tick as many as apply)

☐ Nurse assessment ☐ Medical assessment

☐ Hospital emergency department

☐ Hospital admission: number of days (if applicable) ....

date of discharge........... / .... / ....

☐ None ☐ Unknown ☐ Other, please specify ....

....

....

Please specify the treatment / care provided (eg antibiotics, adrenaline, advice, counselling, etc):

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....

....

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Outcome:

Have the symptoms resolved?

☐ Yes – By what date/ time?

Date .... / ..../.............. Time ....

☐ No – Symptoms are ongoing as of

Date .... / ..../.............. Time ....

Please describe ongoing symptoms ....

....

....

....

☐ Unknown

Once completed, immediately send the form to: Email

Email: CDIS-NOCS-Support@health.qld.gov.au

OR Fax: 3328 9434

It is important that Adverse Event Following Immunisation reports are reported promptly.

Office use only - Public Health Unit

Is follow-up of the patient required? ☐ No ☐ Yes – Timeframe for follow up ☐ Same day ☐ Next working day ☐ Next 60 days

Details: ....

....

....

....

....

....

Signature .... Date ..../............ / ....

Privacy statement

The *Information Privacy Act 2009* sets out the ways in which a health agency can collect personal information for the purpose of reporting Adverse Events Following Immunisation (AEFI). The Public Health Act 2005 requires Queensland Health to record the reporting of AEFI to Queensland Health for inclusion on a state register. If further follow up is required following an adverse event the information stored on the Notifiable and Other Conditions register will be used. Adverse Events Following Immunisation (AEFI) reports collects details such as the vaccinated person's name, contact information and relevant health information. Details pertaining to the adverse event, important medical history relevant for follow up following the adverse event, details of the provider who administered the vaccine, reporter details and vaccination details are requested and recorded for each AEFI report. Authorised Queensland Health staff may access the information for the purpose of clinical follow up and monitoring. Personal information will not be accessed by or given to any other person or organisation without permission unless permitted or required by law. For information about how Queensland Health protects personal information, or to learn about the right to access your own personal information, please see our website at www.health.qld.gov.au

All reports are provided to the Therapeutic Goods Administration (TGA) to be entered into the TGA's Australian Adverse Drugs Reactions System (the ADRS). Information about how the TGA uses adverse event information that is reported is available at www.tga.gov.au/safety/problem.htm.