

Vaccine Ireland | 'On the day' Medical Fitness Questionnaire

This form is to be completed on arrival at the clinic on the day of vaccination, the following questions are asked to make sure that your child is medically fit at this time to receive the vaccination.

Once completed, please sign and return the form to the receptionist.

Child's Name DOB

Parent/Guardian's Signature

Date

Has your child had a raised temperature during the last two days?

Has s/he been prescribed any antibiotics in the last two weeks or oral steroids in the last three months?

Has s/he had any infectious disease during the last six weeks?

Has s/he been in contact during the last two weeks with anyone who has had an infectious disease?

Has s/he had any immunisation/vaccination in the last four weeks?

Has there been any change in your child's medical condition since s/he was registered with us?

Please tick the vaccination for administration today:

Measles

Rubella

Mumps

