

Monash University Health Service
Student Vaccination Questionnaire

Faculty of Medicine, Nursing and Health Sciences, 2008

Name: _____

Date: _____

D.O.B: _____ Medicare/Worldcare Assist/Medibank Private Number: _____

1. In which country(s) did you spend your childhood? _____
2. Did you complete your routine childhood immunisation? Yes No Uncertain
3. Have you **suffered or been vaccinated against** any of the following diseases?

	Had the Disease	Year of Last Vaccination		Had the Disease	Year of last Vaccination
Tetanus			Varicella (Chicken Pox)		
Diphtheria			Influenza Virus		
Pertussis (Whooping Cough)			Hepatitis A		
Polio			Hepatitis B**		
Measles*			Pneumococcal Pneumonia		
Mumps*			Meningococcal Meningitis		
Rubella* (German Measles)			Tuberculosis*** (BCG vaccine)		

Documented Evidence is preferred:

- * It is necessary to have had 2 vaccinations of MMR
- ** Hepatitis B – introduced a Birth dose + Year 7 school program (2 doses) commenced in 1998
- *** BCG vaccine is given at birth in many countries. In Australia mass vaccination ceased in 1980. The BCG vaccine creates a scar, usually on the left arm
- **** Tetanus, Diphtheria and Pertussis Booster introduced 2004 for those in year 10 (aged 15 years)

Please **CIRCLE** your response

4. Have you ever experienced an adverse reaction to a vaccine? <i>Which vaccine?</i>	Yes	No	9. Do you have any past or existing medical conditions, in particular of the heart or lungs, diabetes, epilepsy or skin diseases?	Yes	No
<i>Describe the reaction</i>			<i>Details</i>		
5. Are you allergic to any drugs or medications? <i>If yes, describe</i>	Yes	No	10. Have you had any operations? <i>If yes, describe</i>	Yes	No
6. Are you allergic to eggs or do you suffer from any other allergies? <i>If yes, describe</i>	Yes	No	11. Are you currently suffering from any particular illnesses? <i>Details</i>	Yes	No
7. Do you have a deficiency of the immune system?	Yes	No	12. Are you pregnant, trying to become pregnant or breastfeeding?	Yes	No
8. Are you a blood donor?	Yes	No	13. Have you recently lived with, or been in close contact with someone who has been diagnosed with Tuberculosis?	Yes	No
<i>If yes, last date donated?</i>	/ / 20				