

Personal Details

Last Name: _____ First Name: _____ Client ID: _____
 DOB (yyyy/mm/dd): _____ Gender: _____ Health Card No: _____
 Address: _____ Phone No: _____

Special Considerations

*Organization: _____ *SDL: _____

*Type ¹	*Reason for Special Consideration ²	*Agent	*Effective From	*Source of Evidence ³	Comments

Risk Factors

Category: Immunizations

Chronic Medical Condition - Bleeding Disorders (*)
 Chronic Medical Condition - Cardiac Disease (*)
 Chronic Medical Condition - CSF Leak (*)
 Chronic Medical Condition - Cystic Fibrosis (*)
 Chronic Medical Condition - Diabetes Mellitus (*)
 Chronic Medical Condition - Liver Disease (*)
 Chronic Medical Condition - Malignancies/Cancer (*)
 Chronic Medical Condition - Renal Disease (*)
 Chronic Medical Condition - Resp/Pulm Disease (*)
 Chronic Medical Condition - Sickle Cell Disease (*)
 Immunocompromised - Cochlear Implan (Candidate or Recipient) (*)
 Immunocompromised - Congenital or Acquired, or Functional Asplenia (*)
 Immunocompromised - Other (Specify) (*)
 Immunocompromised - Transplant Candidate or Recipient - HSCT (*)
 Immunocompromised - Transplant Candidate or Recipient - Islet Cell (*)
 Immunocompromised - Transplant Candidate or Recipient - Solid Organ/Tissue (*)
 Other - Risk Factor (Specify)
 Special Population - Aboriginal (*)
 Special Population - Chronic Salicylate Therapy (*)
 Special Population - Low Birth Weight - under 2000g (*)
 Special Population - Neonate - Born to HepB positive mom (*)
 Special Population - Yukon Resident (*)

Immunizing Agent Deferrals

*Immunizing Agent: _____
 *Reason: ☐ Client/Parent/Guardian Request ☐ No Valid Consent ☐ Non Responsive to Contact
☐ Parent Directed Scheduling ☐ Temporary medical condition ☐ Vaccine supply issues
 *Effective From: _____ Expiry Date: _____

²Reasons for Special Consideration:¹Type: Contraindication

- Anaphylactic Reaction to a Previous Dose of the Vaccine or Any of its Antigens
- Anaphylactic Reaction to a Vaccine Component
- Anaphylaxis due to Latex
- Family History of Congenital Immunodeficiency
- Guillain-Barre syndrome
- History of Intussusception
- Other (Specify in Comments)
- Pregnancy
- Severely Immunocompromised (For Live Vaccines)
- Uncorrected Congenital Gastrointestinal Conditions

¹Type: Exemption

- Allergy Testing Required
- Antibodies/Antitoxin Levels Required
- Client/Parent/guardian Refusal: Religious/Philosophical
- Client Refusal
- Consultation with BCCDC Recommended
- Immunity - Lab Evidence
- Immunity - Previous Disease
- Immunity - Previously Immunized
- Immunization Not Given On Recommendation of Physician
- Medical - Clinical Decision
- Other Severe or Unusual Events (Specify in Comments)
- Parental/Guardian Refusal
- Recent Administration of Blood Product-Containing Antibodies
- Referred To Doctor

¹Type: Precaution

- Blood coagulation disorder
- Chronic Underlying Illness
- Double dose of Hepatitis B required
- Fever > Or = 40.5 C within 48 Hrs. of Administration of Prior Dose
- History of Febrile Convulsion
- History of Vasovagal Syncope
- Immunize in Emergency Health Care Setting
- Immunize in Presence of Parent
- Immunosuppression (For Inactive Vaccines)
- Major Local Reaction To Previous Dose
- Monitor longer After Immunization
- Needle phobia
- Other (Specify in Comments)
- Recent Administration of Blood Product-Containing Antibodies
- Recent Administration of Live Virus Vaccine
- Renal Hepatitis B Formulation required

³**Source of Evidence:** • Client/Parent/Guardian Report • Health Care Provider • Lab Report • Legal Document
• Medical Health Officer (MHO) • Medical Records Transfer • Observed