

Pre-vaccination screening checklist for rotavirus- and BCG-vaccines

Date of birth of the child:

Form filled out (date):

Name of the child:

Name of the parent:

| A. General questions before vaccination against rotavirus or tuberculosis | | |
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| 1. Has a routine newborn metabolic screening blood-sample (PKU-prov) been collected? | YES | NO |
| 2. Has the child been hospitalized or is he/she being investigated for any medical condition? | YES | NO |
| 3. Does the child suffer from severe skin conditions, eczema or generalized fungal infection (candida) in the mouth, diaper-area or other location, that is responding poorly to treatment? | YES | NO |
| 4. Is the child's growth abnormal for unknown reasons? | YES | NO |
| 5. Are there any parents, siblings, cousins or parents' siblings who have suffered from a severe disease early in life (before the age of 2 years)? | YES | NO |
| 6. Has the child, during pregnancy or through breastfeeding, been exposed to medication that weakens the immune system? | YES | NO |
| B. Questions before vaccination against rotavirus | | |
| 7. Does the child have a previous history of intestinal intussusception? | YES | NO |
| 8. Does the child have a congenital intestinal malformation or has he/she undergone intestinal or gastric surgery? | YES | NO |
| C. Questions before vaccination against tuberculosis | | |
| 9. Is there anyone in the child's close contacts who has tuberculosis at present, or is being investigated for active tuberculosis? | YES | NO |
| 10. Has the child been abroad? If so, to which countries?..... | YES | NO |
| D. Additional questions before vaccination against tuberculosis after the age of 8 weeks | | |
| 11. Has the child had recurrent infections that required antibiotics (infection of the ear, sinuses or lungs)? | YES | NO |
| 12. Has the child been treated with cortisone during the past month (except inhalations or skin treatment), or other medications that could weaken/affect the immune system? | YES | NO |
| 13. Has the child been vaccinated with measles mumps rubella, chicken pox or yellow fever during the past month (also includes if the child has suffered from the above conditions during the past month)? | YES | NO |

*För frågor om checklistans användning hänvisas till <https://www.rikshandboken-bhv.se/vaccination/manual-for-checklista-infor-vaccination-mot-tuberkulos--och-rotavirusinfektion/>

Författare: Barnhälsovårdens nationella vaccingrupp

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