KNOX COUNTY HEALTH DEPARTMENT

Child Immunization Nursing Record

Medical Alert: Allergies

Other:

QUESTIONS ASKED X= Yes 0 = No If yes to any question, explain in Progress Notes. Use this form for children under age 7.	Date	Date	Date	Date	Date
1. Is child or parent high risk foreign born?					
TB RAT?					
2. Has child been diagnosed with TB and not taking treatment? (CPX & MMR)					
3. Does the birth mother have hepatitis B? (HBV)					
4. Has child been to physician/hospital within one month?					
5. Has child received vaccination with live vaccine in past 4 weeks? (CPX, MMR, & YFS)					
6. Has child had a recent illness or on any medications? (TPO)					
7. Does child have any allergies to vaccine components, i.e., eggs, gelatin, mercury, latex, yeast, etc.?					
8. Has child had reaction to previous injection? a. Temp > 105° F b. Seizure or convulsion c. Limpness d. High pitched crying or crying for > 3 hours. e. Had to see a doctor within 48 hours of the shot. (DHI & DTA)					
9. Has child ever had a seizure or diagnosed as having brain damage? (DHI & DTA)					
10. Has child received immunoglobulin or blood products within past 3-11 months? (CPX & MMR)					
11. Is child, household member and/or caretaker HIV positive or do any have a disease (such as cancer, lupus, AIDS) or take a medication that lowers his/her body's resistance to infection? Child (CPX, MMR, YFS, TPO & FLN) Household (FLN)					
12. Has client had Guillian-Barre Disease? (FLN &FLU)					
TEACHING DONE: a. Wait 20 minutes					
b. Fever control measures reviewed					
c. Local reactions discussed					
d. Possible side effects discussed					
e. Need for well-child checks (TennCare EPSDT exams) reviewed					
f. Next immunizations due					
Signature					

Immunization Nursing Record
Knox County Health Department
140 Dameron Ave
Knoxville, TN 37917

Affix
Label

Date	Additional Notes	Signature

Affix Label