

School Based Vaccination Program Feedback Form

We value your feedback! To assist Queensland Health to improve the School Based Vaccination Program and address any issues encountered, please take the time to fill this form in and return it by fax to your Area SBVP Coordinator:

Northern Queensland	Fax: (07) 4753 9034
Central Queensland	Fax: (07) 3624 1103
Southern Queensland	Fax: (07) 5509 7238

You may choose not to provide your contact details if you wish.

Name of school:

Phone number: Date of clinic: .../.../.....

Are you happy for Queensland Health to contact you regarding this feedback?

Yes No

Leading up to the vaccination clinic:

Was the information provided to your school sufficient to allow you to plan your school's involvement in the School Based Vaccination Program?

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Did you have regular and informative communication with the vaccine service provider?

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On the clinic day:

In the schools perception did the vaccination clinic proceed smoothly (consider set-up of venue, 'flow' of students through the clinic, impact on students and staff, communication with vaccine service provider)?

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What part of the vaccination clinic was done well?

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Were there any areas that could be improved?

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Following the vaccination clinic:

Did you have follow-up contact with the vaccine service provider or the Queensland Health Immunisation Program after the vaccination clinic? (Please give details)

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If so, were your queries/issues responded to satisfactorily?

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General:

Have you identified any additional information that you feel should be included in the Principal's kits?

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Are there any other issues that need to be addressed?

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How could the School Based Vaccination Program be improved?

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Other comments

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Thank you for providing your feedback.

Queensland Health Immunisation Program