Queensland Government

Adverse Event Following Immunisation Reporting Form

November 2023

Office Use Only
Date Report Received
QH ID no.
TGA ID no.

PLEASE COMPLETE THIS FORM FOR ALL SERIOUS, UNCOMMON OR UNEXPECTED ADVERSE EVENTS INCLUDING COVID-19*

Vaccinated person details

Surname | First name

Gender ☐ Male ☐ Female
☐ Other, please specify

Date of Birth

Street Address

Suburb | State | Postcode

Name of parent/guardian/substitute decision maker (if relevant)

Phone Home | Mobile

Email

Indigenous status

Is the person of Aboriginal or Torres Strait Islander origin?

☐ Aboriginal ☐ Torres Strait Islander
☐ Aboriginal and Torres Strait Islander
☐ Not Aboriginal or Torres Strait Islander ☐ Not Stated/Unknown

Important medical history **(e.g. requires regular medical follow up)**

Allergies

Was the person ill at the time of vaccination?

☐ No ☐ Yes - please specify

Has the vaccinated person had previous reactions to vaccinations?

☐ No ☐ Yes - please specify
☐ Unknown

Vaccination provider details

Surname | First name

Practice/clinic/provider name:

Street Address

Suburb | State | Postcode

Phone Office | Mobile

Email

Fax

Profession

☐ Medical practitioner ☐ Registered Nurse ☐ Pharmacist
☐ Other, please specify

Clinical setting

☐ GP practice ☐ Aged care facility ☐ School Immunisation Program
☐ Hospital ☐ Pharmacy ☐ Unknown
☐ Other, please specify

Address of service where vaccine was administered

☐ As for vaccination provider (above) or

Name of practice/clinic/provider

Street Address

Suburb | State | Postcode

Phone Office | Mobile

Email

Reporter details (if different from vaccinated person details or vaccination provider details)

☐ As per vaccination provider details (above) OR ☐ As per vaccinated person's details (above) OR

Surname | First name | Practice Name (if relevant)

Street Address | Suburb | State | Postcode

Phone landline (incl. area code) | Phone mobile

Email | Date of report

Reporter type

☐ Medical practitioner ☐ Registered nurse ☐ Pharmacist ☐ Vaccinated person ☐ Parent/guardian/substitute decision maker
☐ Public Health Unit ☐ Other, please specify

If you require further information following an adverse event, please contact your local Public Health Unit.

Consent statement

I, the reporter, agree to be contacted for futher follow up regarding this adverse event if necessary. ☐ Yes ☐ No

Name | Date

Please advise the person/parent/guardian/substitute decision maker that contact details will be used to follow up if information is needed.

Vaccine details

Vaccine (brand name)	Dose number (e.g. 1 or 2)	Batch Number	Date given	Time given	Route of administration	Injection site
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA

Adverse event details: (Please tick a box) ☐ Adverse Event ☐ Vaccine Administration Error

Onset of event: Date ____________ **Time** ____________

Description of events, including timeline of occurrences (please provide separate page if needed):

Serious, uncommon or unexpected adverse events

Symptom(s)	Onset date	Onset time	Resolved date (leave blank if ongoing)	Resolved time
☐ Redness/tenderness/itching at injection site				
☐ Generalised itch				
☐ Enlarged lymph nodes				
☐ Anaphylaxis or anaphylactic shock*				
☐ Demyelination or neurological/event*				
☐ Rash*				
☐ Facial tingling/drooping*				
☐ Death*#				
☐ Thrombosis (inc. Pulmonary Embolism and Deep Vein Thrombosis)*				
☐ Other significant symptoms#ᵀ *(please specify)*				

Additional description of an adverse reaction/s

* All adverse event reports are referred to a Public Health Unit for further assessment and review.

ᵀ Adverse Events of Special Interest (AESI) following COVID-19 Vaccination has been developed by the TGA.

\# All Fatal AEFI must be reported to the Queensland Coroner. This does not replace the requirement for a death to be reported to Queensland Health using the AEFI reporting process under the *Public Health Act 2005*.

Management of event: (tick as many as apply)

☐ Nurse assessment ☐ Medical assessment ☐ GP assessment ☐ Hospital emergency department ☐ Pharmacist

☐ Hospital admission Date of admission Date of discharge

☐ Self ☐ Unknown ☐ None ☐ Other, please specify

Please specify the treatment/care provided (e.g. antibiotics, adrenaline, advice, counselling, etc.):

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Is follow-up of the person required? ☐ No ☐ Yes —Timeframe for follow up ☐ Same day ☐ Next working day ☐ Next 60 days

Details:

Signature Date

Once you have completed this form, you can either:

1. **Click 'Save As' button to save the form for your records. Attach to an email for sending to CDIS-NOCS-Support@health.qld.gov.au**
   OR
2. **Click the 'Print' button, scan the form and then attach it to an email for sending to CDIS-NOCS-Support @health.qld.gov.au**
   OR
3. **Open the form in Acrobat desktop and click 'Email' button to send to CDIS-NOCS-Support@health.qld.gov.au**
   (Note: This requires the latest version of Adobe Acrobat and does not save the form for your records)
   OR
4. **Fax the form to (07) 3328 9434**

Save As Print Email

Privacy statement

The *Information Privacy Act 2009* sets out ways in which a health agency can collect personal information for the purpose of reporting Adverse Events Following Immunisation (AEFI). *The Public Health Act 2005* requires the AEFI to be reported to Queensland Health for inclusion on the Notifiable Conditions Register (NoCS). If further follow up is required following an adverse event, the information stored on the Notifiable Conditions Register will be used. AEFI reports and collects details such as the vaccinated person's name, contact information and relevent health information. Details pertaining to the adverse event, important medical history relevant for follow up following the adverse event, details of the provider who administered the vaccine, reporter details and vaccination details are requested and recorded for each AEFI report. Authorised Queensland Health staff may access the information for the purpose of clinical follow up and monitoring. Personal information will not be accessed by or given to any other person or organisation without permission unless permitted or required by law. For information about how Queensland Health protects personal information, or to learn about the right to access your own personal information, please see our website at www.health.qld.gov.au/system-governance/records-privacy
All reports are provided to the Therapeutic Goods Administration (TGA) to be entered into the TGA's Australian Adverse Drugs Reactions System (the ADRS). Information about how the TGA uses adverse event information that is reported is available at www.tga.gov.au/safety/problem.htm

Reset Partial Clicking the 'Reset Partial' button will maintain the data entered in the Vaccination Provider Details and Reporter Details sections. However, all the other information in the form will be removed.

Reset All Clicking the 'Reset All' button will remove all the information from this form.

END OF FORM