Queensland Government

COVID 19 Adverse Event Following Immunisation Reporting Form

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

PLEASE ONLY COMPLETE THIS FORM FOR COVID 19 SERIOUS, UNCOMMON OR UNEXPECTED ADVERSE EVENTS

Vaccinated person details

Surname First name

Gender: ☐ Male ☐ Female ☐ Unknown
☐ Indeterminate ☐ Intersex ☐ Unspecified

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 (TSI)
☐ Aboriginal and TSI ☐ Not Aboriginal or TSI
☐ 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
☐ Other, please specify

Clinical setting:

☐ GP practice ☐ Aged care facility
☐ Hospital ☐ 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 vaccinated person's details (above) or ☐ As per vaccination provider 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 ☐ Vaccinated person ☐ Parent/guardian ☐ Substitute Decision Marker
☐ 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 further follow up regarding this adverse event if necessary. ☐ Yes ☐ No

Name Date

Please advise the parent/patient that contact details will be used to follow up if information is needed.

Vaccine details

Vaccine (brand name)	Dose number (e.g. 1 of 2)	Batch Number	Date given	Time given	Injection site
					☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA

Serious, uncommon or unexpected COVID-19 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 (incl. Pulmonary Embolism and Deep Vein Thrombosis)*				
☐ Other significant symptoms*T *(please specify)*				

Additional description of reaction/s

* Patients with these symptoms might be referred to a Public Health Unit (PHU) for further assessment and review.

^ AEFI forms for patients with suspected or diagnosed anaphylaxis must be accompanied with a completed Post COVID-19 Vaccination Suspected Anaphylaxis Reporting Form.

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 and the Vaccine Command Centre as soon as practical.

Management of event: (tick as many as apply)

☐ Nurse assessment ☐ Medical assessment ☐ GP Assessment ☐ Hospital emergency department ☐ Hospital admission ☐ Self

☐ Unknown ☐ None ☐ Other, please specify

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

Once you have completed this form, you can either.

1. Click Save As button to save the form for your records. Attach it to an email for sending to COVID_AEFI@health.qld.gov.au.

OR 2. Click Print button, scan the form and then attach it to an email for sending to COVID_AEFI@health.qld.gov.au.

OR 3. Click Email button to automatically prepare an email with the form attached that is ready for sending to COVID_AEFI@health.qld.gov.au.

(Note: This requires the latest version of Adobe and does not save the form for your records)

It is important Adverse Events Following Immunisation reports are reported promptly.

Save As Print Email

Privacy statement

The *Information Privacy Act 2009* sets out the 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 Queensland Health to record the reporting of AEFI to Queensland Health for inclusion on a state register. If further follow up is required following an adverse event the information stored on the Notifiable and Other Conditions register will be used. Adverse Events Following Immunisation (AEFI) reports collects details such as the vaccinated person's name, contact information and relevant 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

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 other information in the form will be removed.

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