

ADELAIDE AND ST LEVAN SURGERY CHILDHOOD FLU IMMUNISATION CHECKLIST

PLEASE READ ALL OF THESE QUESTIONS. IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS PLEASE LET A STAFF MEMBER KNOW IMMEDIATELY

- Has your child been diagnosed with Asthma?
- Has your child taken steroid tablets because of their asthma within the past two weeks?
- **Has your child been wheezy or had a bad asthma attack in the past three days.**
- **Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.**
- Has your child already had a flu vaccination since September 2020?
- Does your child have a disease or treatment that severely affects their immune system?
(e.g. treatment for leukaemia)
- Is anyone in your family currently having treatment that severely affects their immune system?
(e.g. they need to be kept in isolation)
- Does your child have a severe egg allergy?
(requiring intensive care unit admission)
- Is your child receiving salicylate therapy?
(i.e. aspirin)

THANK YOU