



NWT Bacille Calmette-Guérin (BCG) Vaccine Consent Form

Freeze-dried glutamate BCG Vaccine (Japan) for intradermal use

1. Patient Information		
Last Name		First Name
Birthdate (D/M/Y)	HCN	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address		
Parent/Guardian Name		Home phone #
Work phone #		Cell phone/other #
2. Severe Combined Immunodeficiency (SCID) Screening		
SCID Newborn Screening Result:		
<input type="checkbox"/> Negative – BCG vaccine may be given <input type="checkbox"/> Positive – DO NOT give BCG vaccine (contraindicated)		
3. Please Answer		
1. Does the child have any medical conditions that decrease their ability to fight off infections, or are they on any medications that suppress their immune system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there anyone in the child's family who has Severe Combined Immunodeficiency Disease (SCID)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the birth mother of the child HIV+ or is the HIV status of the mother unknown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the child sick with a serious illness at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the child been exposed to anyone who has active tuberculosis or is the child on TB medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is/was the birth mother on immune suppressing medications (e.g. infliximab or rituximab)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer is YES to any of the above questions, do not give BCG vaccine.		
4. Consent		
I have read or had explained to me the <i>Bacille Calmette-Guérin (BCG) Vaccine Fact Sheet</i> .		
I consent to receiving BCG vaccine for: <input type="checkbox"/> My child or <input type="checkbox"/> My dependent		
Print Name	Signature of Client or Parent/Legal Guardian	Date (dd/mm/yyyy)
5. Indications for Tuberculin Skin Test (TST) prior to BCG Vaccine		
Child's Age	Tuberculin Skin Test Requirements	
<input type="checkbox"/> < 2 months	TST not required prior to BCG vaccination	
<input type="checkbox"/> 2- 6 months	Complete an individual risk benefit assessment in consultation with the OCPHO as validity of TST in under 6 months of age is unknown.	
<input type="checkbox"/> > 6 months	Complete a one-step TST and administer BCG vaccine if TST (read 48-72 hours later) is negative	
TST required for this child? <input type="checkbox"/> Yes, see below <input type="checkbox"/> No – continue to SCID screening result		
Date TST administered: _____ Date TST read: _____ Result: _____ mm		
<input type="checkbox"/> TST < 5mm – BCG vaccine can be given		<input type="checkbox"/> TST ≥ 5mm – DO NOT give BCG vaccine and consult OCPHO