

### Checklist for Measles Immunization.

Address						
Name		Male Female	Year	Month		Day
Guardian Name	Telephone:					

**Do not forget to read the booklet. 'Immunization and child health'.**

**After reading it, please check each questionnaire**

After reading it, please check each questionnaire		Temperature		. °C	
Questionnaire		Answer		Doctor Comments	
Did you read the notice of vaccination from your ward/city?		Yes	No		
What was the weight of your child at birth? .... in grams		Yes	No		
Was there any abnormal thing at the time of delivery?		Yes	No		
Was there anything abnormal after the birth of the child?		Yes	No		
Is your child feeling uncomfortable today?		Yes	No		
If yes, give details ( )		Yes	No		
Had your child been sick during the past one month?		Yes	No		
If yes, give the name of disease: ( )		Yes	No		
Does someone in your family or your friend have measles, rubella, varicella and mumps and so on, during the past one month?		Yes	No		
If yes, give the name of disease: ( )		Yes	No		
Does your child have any vaccination during the last one-month?		Yes	No		
If yes, give the names of the vaccination: ( )		Yes	No		
Has your child been sick of some specific diseases since birth (congenital disease, heart, kidney, liver, brain, immunodeficiency and other diseases) and consulted a doctor?		Yes	No		
If yes, give the name of disease ( )		Yes	No		
Did the child have the history of convulsions?		Yes	No		
Did your child have fever at the time of convulsions?		Yes	No		
Did your child have a history of drug or food allergy? (Like skin eruptions or urticaria etc)		Yes	No		
Was anyone in your family diagnosed as having immunodeficiency?		Yes	No		
Did your child feel bad after the vaccination, previously?		Yes	No		
Did someone in your family have the history of becoming sick after immunization vaccines?		Yes	No		
Did your child have the history of blood transfusion and injection of *gamma globulin during the past six months? If yes, give year and month		Yes	No		
Do you have any question regarding today's immunization?		Yes	No		
<div> Doctors notes: <div> Year Month Day </div> After physical examination, the child is recommended for immunization: (Yes / Postponed). <div>Signature:</div> </div>					

After the doctors examination and explanation by doctor, are you willing to give immunization to your child?  
(Yes / Postponed). Signature by parent/ guardian

\* Gamma globulin is a kind of blood component and is used for prevention of Hepatitis A transmission or severe infectious disease, if your child has the history of receiving gamma globulin within 3-6 months, then the measles immunization will not be effective.

Name of vaccine used	Quantity immunized	Place of immunization; Name of doctor
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The name of vaccine; dried attenuated live measles  Lot no:	Subcutaneous injection: 0.5 ml	Place where immunization was conducted: Name of Doctor                      Signature  Date of immunization:      Year      Month      Day
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