



WA Vaccine Safety Surveillance: Adverse Reaction Reporting Form

5. Reaction and treatment

Time elapsed from time of vaccination to first symptom:

 hours mins days weeks

Detailed description of the reaction, including timing of events:

How was the adverse event managed? (Tick all that apply)

- None or symptomatic (e.g. paracetamol) only
- Nurse assessment
- GP assessment
- Hospital emergency
- Hospital admission, specify number of days _____ days
- healthdirect Australia
- Central Immunisation Clinic
- Unknown
- Other, specify _____

Describe the medical care sought or received:

How long did the symptoms last?

 hours mins days weeks

Have the symptoms resolved? yes no, the symptoms are ongoing unknown

Describe any symptoms the vaccinated person is still experiencing:

I, the reporter confirm that I understand that I may be contacted by the Western Australian Department of Health regarding this event.

Signature _____ Date ____/____/____