

Migrant's Risk of Exposure to VPDs and Immunization Needs Assessment Form

First Name:

Last Name:

Date of birth:

Age:

Sex: M F

Available immunization records:

Past Medical History

Risk factors (i.e. immunosuppression, diabetes, lung disease, etc.):

Physiologic Conditions

(e.g. pregnancy):

Assess contraindications and precautions

Absolute
(i.e. Severe allergic reactions):

Relative
(i.e. temperature >38.5 °C):

Country of origin:

Route of travel (residence in refugee camps, possible exposures), **time** (duration) of possible exposures, **periods of residence in different locations**, **duration of different travel stages:**

Type of occupation in the hosting country:

Family situation-Living Conditions

(Migrants in detention centers, prisons and long-term care facilities are at increased risk for influenza, hepatitis B and meningococcal meningitis):

Behavioral risk factors (intravenous drug use, travel, sexual risk behavior, etc.):

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Immunization Record

Adult

First Name:

Last Name:

Date of birth:

Sex: M F

Medical Notes (allergies, vaccine reactions):

Vaccine

Type of Vaccine

(LOT # &
manufacturer)

Date

(dd/mm/
yyyy)

Physician's
Signature

Date next dose
is due

Hepatitis B

Diphtheria-
Tetanus-
Pertussis

Measles-
Mumps-
Rubella

Pneumococcal

Influenza

Other

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Immunization Record

Children

First Name:

Last Name:

Date of birth:

Sex: M F

Medical Notes (allergies, vaccine reactions):

Vaccine

Type of Vaccine
(LOT # &
manufacturer)

Date
(dd/mm/
yyyy)

Physician's
Signature

Date next dose
is due

Diphtheria-
Tetanus-
Pertussis

OPV/IPV

Measles-
Mumps-
Rubella

Varicella

Haemophilus
influenzae
type b

Hepatitis B

Pneumococcal

Other

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