



Waikato Tuberculosis High Risk Antenatal Assessment Form

(Neonatal BCG Eligibility)

Patient Label

Name: _____

NHI: _____ DOB: _____

Address: _____

Phone: _____

Location of birth: _____

Baby's Health Status: _____

Weight: _____ Gestation: _____

Allergies, Alerts: _____

Patient Label

Name: _____

NHI: _____ DOB: _____

Address: _____

Phone: _____

Clients preferred contact person

Name: _____

Address: _____

Ethnicity: _____ Language spoken: _____ Interpreter required? YES NO

Answer ALL questions and please circle either YES or NO to each

Infants at increased risk of TB, defined as those who:

- | | | |
|---|-----|----|
| • will be living in a house or family/whanau with a person with either current TB or a past history of TB | YES | NO |
| • have one or both parents who identify as being Pacific people | YES | NO |
| • have parents or household members who within the last five years lived for a period of six months or longer in countries where there is a high incidence of TB* | YES | NO |
| • during their first five years will be living for three months or longer in a high incidence country* | YES | NO |

*all countries except Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Holland, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, New Zealand, Norway, Slovakia, Sweden, Switzerland, USA and the UK (ref: Immunisation Handbook 2006)

If one or more YES answers are circled, this baby is at High Risk of being exposed to TB. The BCG Vaccination is therefore recommended for this baby. Please note this form becomes the referral form for BCG.

Any other information: (please print) _____

Mother's name: _____ Signature: _____

LMC name and contact number: _____

If answer is YES to any of the above questions, once delivered please COMPLETE the form and do the following ASAP: (refer to Waikato DHB Guidelines: Womens Health, Neonatal BCG Vaccination, Assessment and Referral)

If the baby is delivered at Waikato Hospital: **Internal Fax 2071, Regional Referral Centre, Attention BCG Co-ordinator**

If delivered at another locations fax directly to: **Regional Referral Centre: 0800 867 333 Attention BCG Co-ordinator**

