

(Report can be returned by fax to 2834 6627)

To : **Epidemiology & Control Unit**
Tuberculosis & Chest Service

Adverse BCG Reaction Report Form

Notes :

1. After BCG vaccination, a small red papule or ulcer often develops, and gradually dries up and heals during the following few weeks. **Adverse BCG reaction** refers to those local /regional /systemic reactions **more severe and /or prolonged** than the normal reaction.
2. This report form is used for voluntary reporting of adverse BCG reactions. Investigation of the reaction may be conducted. Data collected will be used for statistical and surveillance purposes and will be treated in strict confidence.

Part (I) : Patient Information

Birth certificate/ HKID/ Passport no.: _____ Clinic/ Hospital no.: _____
Name (English): _____ (Chinese): _____
Sex: M / F Date of birth: ____ / ____ / ____ (dd/mm/yyyy) or age (at last birthday): ____
Residential address : _____
Residential Tel. No. : _____ Contact Tel. No. (if different) : _____

Part (II) : About the BCG vaccination, reaction and treatment

Place of vaccination: _____ Batch / Lot no.: _____
Vaccination Date: ____ / ____ / ____ (dd/mm/yyyy) Reaction Onset Date: ____ / ____ / ____ (dd/mm/yyyy)
Description: _____

Pathology report available: Y / N / pending (please attach copy if available)

Treatment given: _____

Outcome: recovered / not yet recovered / fatal / unknown

Date of recovery (if applicable): ____ / ____ / ____ (dd/mm/yyyy)

Follow-up: Y / N Place of FU: _____ Date of next FU: ____ / ____ / ____ (dd/mm/yyyy)

Reported by: (Dr.) _____ (name) Signature: _____

Correspondence Address: _____

Tel: _____ Fax: _____ Email: _____

Date : ____ / ____ / ____ (dd/mm/yyyy)

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Please seal the edge

Please seal the edge

SECOND FOLD HERE 此處第二摺

Please
Affix
Stamp

Epidemiology & Control Unit
TB & Chest Service Headquarters
Wanchai Government Polyclinic
99, Kennedy Road
Hong Kong

Please fold inside along the dotted line and seal the edge
請沿虛線封口