

BCG IMMUNISATION REFERRAL FORM 2019



Sussex Community
NHS Foundation Trust

PLEASE COMPLETE ONE FORM PER CHILD

ALL FIELDS UNLESS STATED ARE MANDATORY – INCOMPLETE REFERRALS WILL BE RETURNED

Please return each completed form by email to: SC-TR.imms-team@nhs.net

CHILDS DETAILS

Child's Forename: <i>(please print)</i>		Child's Surname: <i>(please print)</i>	
Address:	Date of Birth:	Age:	
	NHS Number:	Sex:	F <input type="checkbox"/> M <input type="checkbox"/>
Postcode:	School: <i>(if applicable)</i>		
Contact Number of Person with Parental Responsibility: <i>(to opt out of text reminders tick here) <input type="checkbox"/></i>	Is an interpreter required for the BCG appointment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If answered yes, <i>please specify the language:</i>		
GP Name:	Hospital of Birth:		
GP Practice Address:	CPP <input type="checkbox"/> LAC <input type="checkbox"/> Please tick if applicable	Please ensure person with parental responsibility is available for consent.	

Please answer all of the following questions.

	YES	NO
Was the child born in one of the TB high risk countries overleaf? If answered yes, please specify the country:		
Does the child have a parent or grandparent who was born in one of the TB high risk countries overleaf? If answered yes, please specify the country:		
Has the child lived in a TB high risk country for longer than 3 consecutive months? If answered yes, please specify the country:		
Are there any clinically relevant medical conditions? (e.g. prematurity, maternal HIV etc) If answered yes, please state the clinically relevant medical conditions below: (e.g. prematurity, maternal HIV etc)		
Has the mother received TNFa antagonists or other biological immunosuppressive treatment either in pregnancy or whilst breast feeding? If answered yes, the immunisation will be postponed and the Immunisation Team will contact mother to discuss.		
For maternal HIV only, please tick box to state risk of transmission OR please provide most recent maternal HIV viral load before baby was born in the box provided below		
High risk <input type="checkbox"/>	Low risk <input type="checkbox"/>	Very low risk <input type="checkbox"/>
Viral load result:		
Any other relevant information? (e.g. SCBU, plans to travel)		

REFERRERS DETAILS

Name: <i>(please print)</i>		Job Title:	
Contact Number:		Address/Base:	
Date:		Signature:	

COUNTRIES WITH A HIGH RISK OF TB				
Afghanistan	DPR Korea	Iraq	Nepal	Somalia
Algeria	DR Congo	Kazakhstan	Nicaragua	South Africa
Angola	Djibouti	Kenya	Niger	South Sudan
Azerbaijan	Dominican Republic	Kiribati	Nigeria	Sri Lanka
Bangladesh	Ecuador	Kyrgyzstan	Niue	Sudan
Benin	El Salvador	Lao PDR	Northern Mariana Islands	Tajikistan
Bhutan	Equatorial Guinea	Lesotho	Pakistan	Thailand
Bolivia (Plurinational State of)	Eritrea	Liberia	Palau	Timor-Leste
Botswana	Eswatini	Libya	Panama	Togo
Brazil	Ethiopia	Lithuania	Papua New Guinea	Turkmenistan
Brunei Darussalam	Fiji	Madagascar	Paraguay	Tuvalu
Burkina Faso	Gabon	Malawi	Peru	Uganda
Burundi	Gambia	Malaysia	Philippines	Ukraine
Cabo Verde	Georgia	Mali	Rep. Korea	UR Tanzania
Cambodia	Ghana	Marshall Islands	Republic of Moldova	Uzbekistan
Cameroon	Greenland	Mauritania	Romania	Vanuatu
Central African Republic	Guam	Micronesia (FSO)	Russian Federation	Venezuela (Bolivarian Republic of)
Chad	Guinea	Mongolia	Rwanda	Viet Nam
China	Guinea-Bissau	Morocco	Sao Tome & Principe	Yemen
China, Hong Kong	Guyana	Mozambique	Senegal	Zambia
China, Macao SAR	Haiti	Myanmar	Sierra Leone	Zimbabwe
Congo	India	Namibia	Singapore	
Côte d'Ivoire	Indonesia	Nauru	Solomon Islands	

Source

<https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people>

IMMUNISATION TEAM DETAILS	
<i>If submitting the referral by post, please send to relevant address below</i>	
South Referrals 01273 696011 ext. 8100	Immunisation Team, Westhampnett Centre, 28 – 29 Westhampnett Road, Chichester PO19 7HH
North Referrals 01293 227792	Immunisation Team, Crawley Hospital, 4 th Floor, West Green Drive, Crawley RH11 7DH
Brighton and Hove Referrals 01273 696011 ext. 3789	Immunisation Team, Children and Families Clinic, D Block, Brighton General Hospital, Elm Grove, Brighton BN2 3EW