



QUESTIONNAIRE

NAME : _____ DATE OF BIRTH : _____

ADDRESS : _____

After you receive recommended vaccination, please fill out this questionnaire and return it to us as soon as possible before the surgery.

1 The age of the candidate for the cochlear implant is : ____ years ____ months.

2 The candidate has been vaccinated against :

• Pneumocoque			Number of doses	Date of the last dose
- Pneumovax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
- Prevnar 7	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
- Prevnar 13	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
- Synflorix	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

• L'Haemophilus influenzae				
- Pentacel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
- Pediacel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
- Acthib	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
- Infanrix-IPV/Hib	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
- Hiberix	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
- Infanrix-hexa	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

Other related vaccine Yes No Specify : _____

N.B. The information contained in this questionnaire is strictly confidential. It will be used solely for the purposes of the CHU de Québec cochlear implant-immunization fil. Since October 2002, the vaccination against meningitis is free for everyone that will receive a cochlear implant.