**National Paediatric Haematology / Oncology and Bone Marrow Transplant Centre Haematology Division**

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| **Patient Name:** |
| **Date of Birth:** |
| **HcRN:** |

Dear Parents

…………………………………………………………… has received vaccinations for MenB and MenACWY on ……………….…………………

Right Arm: ……………………………………… Left Arm: ………………………………………

**Signs and symptoms to observe closely for after your child’s vaccination:**

**Very Common**

* Fever (>38˚C)
* Tenderness/pain at injection site
* Skin rash
* Irritable
* Vomiting/diarrhoea
* Unusual crying

**Uncommon**

* High fever (>40˚C)
* Eczema

If you have any concerns regarding your child, please do not hesitate to contact your local healthcare team.

Regards

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**CHI at Crumlin Haemoglobinopathy Team**