Name: Ph:

Address:

DOB: Current Age: Male/Female

I understand the information given to me about immunisation for my child/myself and had the opportunity to discuss the risks and benefits of vaccinating or not-vaccinating.

I consent for my child/myself to receive the catch-up vaccination schedule as below.

Signature Parent/Guardian/Self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Immunisation Nurse Use Only*

Medicare Number: Language: Interpreter required:

Additional Notes: Medical history:

Past vaccines added to AIR? Y/N Date added: Allergies:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vaccines** | **No.**  **Extra**  **Req.** | **1st dose**  (Date) | **2nd dose**  (Date) | **3rd dose**  (Date) | **4th dose**  (Date) | **5th dose**  (Date) |
| **dTpa (Diptheria/Tetanus/Pertussis)** (Boostrix/Adacel) | 3 | *Due Now* | *1 month later* | *1 month later* |  |  |
| **Diptheria/Tetanus**  (Tet-tox absorb/ADT) |  |  |  |  |  |  |
| **Polio**  (Ipol) | 3 | *Due Now* | *1 month later* | *1 month later* |  |  |
| **Hepatitis B** (adult/paed.) (HBvax/Engerixb) | 3 | *Due Now* | *1 month later* | *3 months later* | 2 DOSES of ADULT Hep B 4 months apart for ages 11-15 |  |
| **Measles/Mumps/Rubella**  (Priorix/MMR11) | 2 | *Due Now* | *1 month later* |  |  |  |
| **Varicella** (Varilrix/Varivax)  2 doses ≥14yrs | 2 | *Due Now* | *1 month later* |  |  |  |
| **MMRV <** 14yrs  (Priorix tetra/ProQuad) |  |  |  |  | MMRV used for under 14 years. |  |
| **Meningococcal ACWY** | 1 | *Due Now* |  |  |  |  |
| **HPV** 12-25 *(inclusive)*  (Gardasil 9) | 1 | *Due Now* |  |  |  |  |
| **Influenza** (If eligible) |  |  |  |  |  |  |
| **COVID-19** |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

**Nurse Immuniser: Date:**

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