Name: Ph:

Address:

DOB: Current Age: Male/Female

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

I consent to receive the catch-up vaccination schedule as below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Immunisation Nurse Use Only*

Medicare Number: Language: Interpreter required:

Additional Notes: PREGNANT? AIR Check:

 Past vaccines added to AIR? Medical history: 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* | *3 months later* |  |  |
| **Diptheria/Tetanus**(Tet-tox absorb/ADT) |  |  |  |  |  |  |
| **Polio** (Ipol) | 3 | *Due now* | *1 month later* | *3 months later* |  |  |
| **Hepatitis B** (adult) (HBvax/Engerixb) | 3 | *Due now* | *1 month later* | *3 months later* |  |  |
| **Measles/Mumps/Rubella** (Priorix/MMR11) | 2 | *Due now* | *1 month later* |  | NO MMR if born before 1966 |  |
| **Varicella** (Varilrix/Varivax) | 2 | *Due now* | *1 month later* |  |  |  |
| **HPV** 12-25 *(inclusive)* (Gardasil 9) | 1 | *Due now* |  |  |  |  |
| **Influenza** (If eligible) |  |  |  |  |  |  |
| **COVID-19** |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

**Nurse Immuniser: Date:**

(print name) (signature)

