**Name:** **Ph:**

**Address:**

**DOB:** **Current Age:** **Female/Male**

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

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

Parent/Guardian Signature: Date \_\_\_\_\_\_\_\_\_\_\_\_

*Immunisation Nurse Use Only*

Medicare Number: Language: Interpreter:

Additional Notes: 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-hepB-IPV-Hib**(Infanrix-hexa) |  | *Due Now* | *1 month later* | *3 months later* |  |  |
| **DTPa-IPV**(Infanrix-IPV/Quadracel) |  |  |  |  |  |  |
| **DTPa**(Infanrix/Tripacel) |  |  |  |  | *6 months later* |  |
| **Pneumococcal**(Prevenar 13) |  | *Due Now(<5yrs)* |  |  |  |  |
| **Hib** |  |  |  |  |  |  |
| **Hepatitis B** (adult/paed.) (HBvax/Engerixb) |  |  |  |  |  |  |
| **ADT****(**Diphtheria/tetanus**)** |  |  |  |  |  |  |
| **IPV/OPV**(Ipol) |  |  |  |  |  |  |
| **dTpa**(Boostrix) |  |  |  |  |  |  |
| **Measles/Mumps/Rubella**(Priorix/MMR11) |  |  | *1 month later*  |  |  |  |
| **MMRV** (Priorix-Tetra/ProQuad) |  | *Due Now(>4yrs)* |  |  |  |  |
| **Meningococcal ACWY**(Nimenrix) |  | *Due Now* |  |  |  |  |
| **Varicella**(Varilrix/Varivax) |  |  |  |  |  |  |
| **Influenza** |  |  |  |  |  |  |
| **COVID-19** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |

**Nurse Immuniser: Date:**