



APPLICATION FOR IMMUNISATION

YES, I have read and understood the information given to me about immunisation, including the risk of vaccination and the risk of not being vaccinated. I have been given opportunity to discuss the risk and benefits with my nurse. I request to be immunised with the vaccines recommended in the immunisation schedule, as indicated. I understand that consent can be withdrawn at any time.

FULL NAME (please print in BLOCK LETTERS):

MEDICARE NO: **INDIVIDUAL NUMBER ON CARD**

DATE OF BIRTH: Male ☐ Female ☐ Other ☐

ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? ☐ YES ☐ NO

ADDRESS: **SUBURB:**

POSTCODE: **PHONE NUMBER:**

PARENT'S/CARER'S NAME: **SIGNATURE:**

(Please print)

DATE:

OFFICE USE ONLY

AGE	VACCINES GIVEN			
6 weeks - 2mths	<input type="checkbox"/> IFX/HEXA	<input type="checkbox"/> PV13	<input type="checkbox"/> Rotarix	<input type="checkbox"/> Bexsero
4mths	<input type="checkbox"/> IFX/HEXA	<input type="checkbox"/> PV13	<input type="checkbox"/> Rotarix	<input type="checkbox"/> Bexsero
6mths	<input type="checkbox"/> IFX/HEXA			
12mths	<input type="checkbox"/> Nimenrix (Men ACWY)		<input type="checkbox"/> PRX or MMRII	
	<input type="checkbox"/> PV13		<input type="checkbox"/> Bexsero	
18mths	<input type="checkbox"/> Act-HIB (Haemophilus Influenzae B Hib) <input type="checkbox"/> Tripacel OR IFX (Diphtheria Tetanus Pertussis) <input type="checkbox"/> Priorix Tetra OR ProQuad (MMR +Varicella)			
4 years	<input type="checkbox"/> IFX/IPV or Quadracel (dTp + Polio)			
Gardasil9 (HPV)	<input type="checkbox"/> Dose 1			
Boostrix	<input type="checkbox"/>			
Bexsero (School)	<input type="checkbox"/> Dose 1		<input type="checkbox"/> Dose 2	
Nimenrix (School)	<input type="checkbox"/>			
Influenza	<input type="checkbox"/>			
Hepatitis B - Fee	<input type="checkbox"/> Dose 1		<input type="checkbox"/> Dose 2	<input type="checkbox"/> Dose 3
Hepatitis A - Fee	<input type="checkbox"/> Dose 1		<input type="checkbox"/> Dose 2	
Hep. A & B - Fee	<input type="checkbox"/> Dose 1		<input type="checkbox"/> Dose 2	<input type="checkbox"/> Dose 3