

Immunisation Consent Card - ADULT

Surname of person vaccinated:			
First name of person vaccinated:			
Medicare No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	(number beside your name)
Date of Birth:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:			
Phone no:		Postcode:	
Are you of Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunisation venue:			
Consent for immunisation I have read and understood the information given to me about immunisation including the risk of the vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risks and benefits with a nurse. I consent to be vaccinated against the diseases checked. Please print and sign on the back if you give consent.			
<i>Privacy statement</i> The information you provide on this form is for the sole purpose of monitoring immunisation programs by the local, state and Australian Governments and sending immunisation reminders. Local councils report all vaccines administered to the Australian Immunisation Register (AIR). All data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting Manningham Council.			
Comments (office use only)			



Interpreter service **9840 9355**

普通话 廣東話 Ελληνικά Italiano العربية فارسی



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Consent for immunisation				
Vaccine	Signature of consent	Date Given	Batch	Given by
Chickenpox				
Diphtheria/tetanus/ pertussis				
Hepatitis A				
Hepatitis B				
HPV (Human Papillomavirus)				
Influenza				
Measles/mumps/ rubella				
Meningococcal				
Polio				
Pneumococcal				
Other vaccines				