

Immunisation plan - Children

Family name of vaccinee: _____

First name of vaccinee: _____

Medicare No: _____

Child's
Ref No.

Date of birth: ____ / ____ / ____

Female

Male

Address: _____

Postcode: _____

Telephone: _____

Is the patient of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

Vaccines

Date given

Diphtheria-tetanus-pertussis-hepatitis B-polio-
Haemophilus influenzae type b (DTPa-hep B-IPV-Hib)

Pneumococcal

Rotavirus

Measles-mumps-rubella (M-M-R)

Meningococcal group ACWY

Diphtheria-tetanus-pertussis (DTPa)

Measles-mumps-rubella-varicella (M-M-R-V)

Haemophilus influenzae type b (Hib)

Diphtheria-tetanus-pertussis-polio (DTPa-IPV)

Influenza

These are the standard vaccines under the National Immunisation Program. If you are unsure which vaccines to tick for consent, you can leave it blank and ask staff on the day.

Consent for immunisation

I have understood the information given to me about immunisation including the risk of vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risks and benefits. I consent for the above named to be vaccinated against the diseases checked above.

Signature: _____ Date: _____

Name of parent or guardian _____

Relationship to child: _____

Vaccines given	Other	Date given	x If given overseas
Hepatitis B (birth dose)			
DTPa-hep B-IPV-Hib			
Pneumococcal			
Rotavirus			
DTPa-hep B-IPV-Hib			
Pneumococcal			
Rotavirus			
DTPa-hep B-IPV-Hib			
M-M-R			
Meningococcal ACWY			
Pneumococcal			
DTPa			
M-M-R-V			
<i>Haemophilus influenzae</i> type b (Hib)			
DTPa-IPV			
Comments			

The information you provide on this consent card 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). The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting your immunisation provider or the AIR.

To receive this document in an accessible format email: immunisation@dhhs.vic.gov.au