Division of Women Youth & Children
Community Health Programs
School Immunisation Program

URN (Office use only)

Request for School Immunisation Record

Under the *Act Health Records (Privacy and Access) Act 1997, Section 7*

I would like to obtain a copy of my child's School Immunisation record.

Requestor (Your name): ____________________

Grounds for Authority:
I am authorised to access the record on the students behalf because (*Please tick whichever is applicable)*
I am the next of kin (*Only applicable where the patient is a minor (under 18)* ☐
I am the Legal Guardian, Executor of the Will or have a Power of Attorney (*Please attach evidence)* ☐

Whose record would you like to access?
Name of student requiring the record: ____________________ Date of Birth __ / __ / ____

The following information will allow us to look for the record. (Please Print)
Home address when the student last attended school in the ACT:
____

Name of the school the student attended when the immunisation was received: ____________________

I request that the Division of Women Youth & Children Community Health Program release to me a copy of the above mentioned High School Immunisation record.

Please indicate how you would like your record to be sent: Email: ☐ **Post:** ☐ **Fax:** ☐
It is important you understand that information sent by e-mail is unencrypted and contains patient identifiable information. Security of the transmission cannot be guaranteed as it is outside the ACT government network.

____
Please confirm your email address and or fax number

Current postal address ____________________

Telephone (h) ____________________ (w) ____________________

I hereby authorise the release of information to me as the requestor named on this form.

Print Name:____________________Signature:____________________ Date:___/___/____

Are there any Guardianship/Parental Responsibility Orders currently in place? Yes ☐ *No* ☐ *(If YES,Please supply copies)*

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Date received: Number of pages sent........... Dispatched By: E-mail ☐ fax ☐ post ☐ Name: Signature: Date:

If you are unable to return this form by e-mail:
CentralASO@act.gov.au
Please fax or post to:

Division of Women Youth & Children
Community Health Programs
School Health Team
GPO Box 825
CANBERRA ACT 2601
Fax: 02-6205 1591
Phone: 02-6205 2086