



Division of Women Youth & Children
Community Health Programs
School Immunisation Program
62052086

Request to add school vaccines to the Australian Immunisation Register

Please use this form if you would like your OR your child's **school vaccines** added to the Australian Immunisation Register.

- This form is only required for **school vaccines given before 2018**.
- All school vaccines from 2018 will be automatically be added to the Australian Immunisation Register.
- Childhood vaccines (between birth and their 7th birthday) given since 1996 are already on the Australian Immunisation Register.

Once completed please email this form to CentralASO@act.gov.au

Requestors Name: _____

Relationship to child or write 'self': _____

Phone Number: _____

Details of person to be added to AIR:

Name of person: _____

School Name (only if currently in year 7): _____

Date of Birth: ____/____/____

Address: _____

Post Code: _____

Medicare Number: _____ Individual Reference Number: ____

Date requested: ____/____/____

Office use only

Date uploaded:

Completed by: