



# Immunisation Record

To be completed by the doctor/ nurse giving the immunisation.

Name \_\_\_\_\_

DOB    /    /   

AGE	Date Given	Batch No.	Providers Signature	Informed Consent (Client initials)	Next Dose
<b>Birth</b>					
Hepatitis B					
<b>6 - 8 weeks</b>					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					
<b>4 months</b>					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					
<b>6 months</b> (Check additional vaccines required for children at risk)					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
<b>12 months</b> (Check additional vaccines required for children at risk)					
Meningococcal / ACWY					
Measles, mumps and rubella (MMR)					
Pneumococcal					
<b>18 months</b>					
Measles, mumps , rubella and varicella (MMRV)					
<i>Haemophilus influenzae</i> type b (Hib)					
Diphtheria, tetanus, pertussis (DTPa) booster					
<b>4 years</b> (Check additional vaccines required for children at risk)					
Diphtheria, tetanus, pertussis and poliomyelitis					

Your child's next vaccinations are due in Year 7 at school. ACT Health will offer these vaccines FREE through the School Immunisation Program. For more information please call the ACT Health Immunisation Line on 6205 2300 or refer to the ACT Health website at: [www.health.act.gov.au/our-services/immunisation/babies-and-children](http://www.health.act.gov.au/our-services/immunisation/babies-and-children) July 2018