## **Immunisation Record - Other Vaccinations**

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

Name DOB / I

Vaccine Given	Date given	Batch no.	Providers Signature	Parent/Guardian Signature



## **Vaccination Record Card**

This card can be used for childcare and school enrolment.

Please keep with other important records.

Name		
Date of birth	I I	Sex m / f
Medicare number		
Number on card		
Do you identify as Aboriginal y / n, T		ander y / n, neither y / n, both y / n
Requires addition	al vaccines y /	'n
Address		
		Post code
Phone (h)	(w)	(mob)
Email		
Comments (e.g. all	ergies, adverse	reactions)
	person named landraindications	be immunised. I understand the: s and possible side effects for the vaccines on

## **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
Birth					
Hepatitis B					
6 - 8 weeks					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					
4 months					
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					
12 months (Check additional vaccines required for children at risk)					
Meningococcal ACWY					
Measies, mumps and rubella (MMR)					
Pneumococcal					
18 months					
Measles, mumps , rubella and varicella (MMRV)					
Haemophilus influenzae type b (Hib)					
Diphtheria, tetanus, pertussis (DTPa) booster					
4 years (Check additional vaccines required for children at risk)					
Diphtheria, tetanus, pertussis and poliomyelitis					