

## ANTENATAL PATIENT REFERRAL FOR INFLUENZA and/or PERTUSSIS VACCINATION

Dear Dr \_\_\_\_\_

I am referring my antenatal patient \_\_\_\_\_ to you for the following vaccinations:

**Influenza (at any time during pregnancy)**

**Pertussis (from 20-32 weeks)**

Due to the benefits of vaccination during pregnancy, influenza and pertussis-containing vaccines (dTpa) are offered free to all pregnant women in Australia.

Thank you for helping to protect our pregnant patient and her newborn child from illnesses caused by influenza and pertussis.

Yours sincerely,

Doctor: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: \_\_\_\_\_