ACT Government | ACT Health

Pharmacist Vaccination Record Form

Pharmacist or premises name*:_____

Physical location (e.g. location of pharmacy or vaccination premises): _____

Date faxed: _____

Please record all fields for all vaccines administered at the premises.

Pharmacists* must report all vaccines administered annually by 30 November each year[#].

Pharmacists* that provide NIP funded vaccines must also report all NIP funded vaccines administered each fortnight[#].

Please fax completed forms to the Health Protection Service Immunisation Unit on **Fax 02 5124 9307**.

Or email to immunisation@act.gov.au

**Only one form is required to be submitted per pharmacy or vaccination premises.*

[#]*The Pharmacy Guild of Australia ACT Branch will submit electronic reports to the Health Protection Service on behalf of its members who use compatible software for recording vaccination events. Those member pharmacies do not need to fax or email this form.*

No.	Date of Birth	Age	NIP funded vaccine?	Gender	Aboriginal or Torres Strait Islander	Underlying Medical Condition	Over 65 years	Date vaccine given	Type of vaccination given	Administering pharmacist
	(dd/mm/yy)	*(years)*	*(y/n)*	*(m/f)*	*(y/n)*	*(y/n)*	*(y/n)*	*(dd/mm/yy)*	*(influenza / dTpa)*	
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