

Information you need to know about the immunisation history form

When to use this form

Use this form when the Australian Immunisation Register (AIR) does not have the complete immunisation history for an individual and another vaccination provider performed the service.

You can record an individual's immunisation history online through the AIR site or through your Practice Management Software (PMS).

Proof of immunisation

Obtain proof of immunisation before completing Part B of this form and signing the declaration at Part C (i.e. written documentation or confirmation from the last vaccination provider).

Immunisation details

- **Only include immunisations on this form that are not already recorded on the AIR.** You can check an individual's history on the AIR through HPOS, the AIR site, or by phoning the enquiry line on **1800 653 809**.

Note: Call charges may apply.

- The AIR only records immunisations given on or after 1 January 1996.

Immunisation history details at Part B

- If you do not know the vaccine brand name, you can write the generic term in the **Other (specify)** section (e.g. DTPa instead of Infanrix).
- If the individual has received a vaccination for an antigen not shown on the form, write the vaccine brand name or antigen in the **Other (specify)** section.

Immunisations given overseas

- If the immunisations were given to the individual while overseas, note this in the **if given overseas** column.
- Write the generic vaccine term in the **Other (specify)** section if you do not know the vaccine brand name, or if it has not been in use in Australia (e.g. DTP will suffice for a diphtheria, tetanus and pertussis vaccine, as the vaccine term is well known).

Planned catch up for overdue vaccines

If you have organised to commence the individual on a catch up schedule for any overdue vaccines you were unable to administer today, tick the last box in Part B.

A follow up is required to make sure they return for the planned vaccination as only one catch up schedule can ever be recorded per individual. This section may be used to support testing of natural immunity or when ordering in additional required vaccines.

You should not tick the box if:

- you have vaccinated the individual and they are no longer overdue for any vaccines, **or**
- you feel the parent/guardian does not intend to vaccinate the individual.

Provider declaration

- A recognised vaccination provider must complete Part C (e.g. GP, council, health service, etc.).
- Supply your Medicare provider number (for medical practitioners) or AIR registration number (for other vaccination providers) in the space provided.

For more information

Go to humanservices.gov.au/hpair

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS

Returning your form

Check that all required questions are answered and that the form is signed and dated.

You can return this form:

by post to:

**Department of Human Services
Australian Immunisation Register
PO Box 7852
CANBERRA BC ACT 2610**

or

Fax to: **08 9254 4810**

Privacy notice

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Australian Immunisation Register immunisation history form

CLAIM ID

Part A – individual's details

Medicare number - - Ref no. Date of birth / / Male Female

Family name First given name Initial

Address Postcode

Part B – Immunisation details – Only immunisations that are not already recorded on the AIR need to be included on this form.

| Recommended age | Vaccines given (mark with an X) | | | | | Date of immunisation | If given overseas |
|--|--|--------------------------|--------------|--------------------------|---|----------------------|--------------------------|
| Birth | Engerix-B | <input type="checkbox"/> | HBVax II | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| 2 months | Infanrix | <input type="checkbox"/> | InfanrixHepB | <input type="checkbox"/> | Infanrix Hexa <input type="checkbox"/> Infanrix IPV <input type="checkbox"/> Hexaxim <input type="checkbox"/> | / / | <input type="checkbox"/> |
| | IPOL | <input type="checkbox"/> | Oral Polio | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Comvax | <input type="checkbox"/> | PedvaxHIB | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Prevenar 13 | <input type="checkbox"/> | Prevenar 7 | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Rotarix | <input type="checkbox"/> | RotaTeq | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Other (specify) | | | | | / / | <input type="checkbox"/> |
| 4 months | Infanrix | <input type="checkbox"/> | InfanrixHepB | <input type="checkbox"/> | Infanrix Hexa <input type="checkbox"/> Infanrix IPV <input type="checkbox"/> Hexaxim <input type="checkbox"/> | / / | <input type="checkbox"/> |
| | IPOL | <input type="checkbox"/> | Oral Polio | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Comvax | <input type="checkbox"/> | PedvaxHIB | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Prevenar 13 | <input type="checkbox"/> | Prevenar 7 | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Rotarix | <input type="checkbox"/> | RotaTeq | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Other (specify) | | | | | / / | <input type="checkbox"/> |
| 6 months | Infanrix | <input type="checkbox"/> | InfanrixHepB | <input type="checkbox"/> | Infanrix Hexa <input type="checkbox"/> Infanrix IPV <input type="checkbox"/> Hexaxim <input type="checkbox"/> | / / | <input type="checkbox"/> |
| | IPOL | <input type="checkbox"/> | Oral Polio | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | RotaTeq | <input type="checkbox"/> | | | | / / | <input type="checkbox"/> |
| | Other (specify) | | | | | / / | <input type="checkbox"/> |
| 12 months | M-M-R II | <input type="checkbox"/> | Priorix | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Meningitec | <input type="checkbox"/> | NeisVac-C | <input type="checkbox"/> | Menjugate <input type="checkbox"/> Menitorix <input type="checkbox"/> Nimenrix <input type="checkbox"/> | / / | <input type="checkbox"/> |
| | Prevenar 13 | <input type="checkbox"/> | Prevenar 7 | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Other (specify) | | | | | / / | <input type="checkbox"/> |
| 18 months | Varilrix | <input type="checkbox"/> | Varivax | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Priorix-Tetra | <input type="checkbox"/> | ProQuad | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Tripacel | <input type="checkbox"/> | Infanrix | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | ActHIB | <input type="checkbox"/> | Comvax | <input type="checkbox"/> | Hiberix <input type="checkbox"/> PedvaxHIB <input type="checkbox"/> | / / | <input type="checkbox"/> |
| | Other (specify) | | | | | / / | <input type="checkbox"/> |
| 4 years | Infanrix | <input type="checkbox"/> | Infanrix IPV | <input type="checkbox"/> | Quadracel <input type="checkbox"/> Tripacel <input type="checkbox"/> | / / | <input type="checkbox"/> |
| | IPOL | <input type="checkbox"/> | Oral Polio | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | M-M-R II | <input type="checkbox"/> | Priorix | <input type="checkbox"/> | | / / | <input type="checkbox"/> |
| | Other (specify) | | | | | / / | <input type="checkbox"/> |
| Planned catch up for overdue vaccines | If you have organised to commence the individual on a catch up schedule for any overdue vaccines you were unable to administer today, tick this box. A follow up is required to make sure they return for the planned vaccination as only one catch up schedule can ever be recorded per individual. This section may be used to support testing of natural immunity or when ordering in additional required vaccines. You should not tick the box if: <ul style="list-style-type: none"> • you have vaccinated the individual and they are no longer overdue for any vaccines, or • you feel the parent/guardian does not intend to vaccinate the individual. | | | | | | <input type="checkbox"/> |

Part C – Vaccination provider's details and declaration

Note: A recognised vaccination provider must complete and sign this section (e.g. GP, Council, etc.).

Medicare provider/ AIR registration number Provider name

I certify that the information provided on this form is true and correct and that I have obtained proof of the vaccination(s) given.

Giving false or misleading information is a serious offence.

Provider's signature Date / /



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