



# Information you need to know about the immunisation history form

## Purpose of this form

Only use the immunisation history form when the Australian Immunisation Register (the AIR) does not have the complete immunisation history for an individual and another vaccination provider performed the service. Report vaccinations administered by yourself using the standard processes (i.e. HPOS, Electronic Data Interchange, Immunisation encounter form or Medicare's online claiming).

## 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 apply from mobile phones.
- 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 (please 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 (please specify)** section.

### Immunisations given overseas

- If the immunisations were given to the individual while overseas, note this in the **if given overseas** column.
- Please write the generic vaccine term in the **Other (please 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.

You do not need to tick the box if you have vaccinated the individual and they are no longer overdue for any vaccines.

## 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.

## 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.

Send the completed and signed form to:

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

or

Fax: **08 9254 4810**

## For more information

Go to [humanservices.gov.au/hpair](http://humanservices.gov.au/hpair) or call **1800 653 809** Monday to Friday, between 8.00 am and 5.00 pm, local time.

**Note:** Call charges may apply.

## 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 administering payments and services. This information is required to assist with 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](http://humanservices.gov.au/privacy)

## CLAIM ID

Medicare number	<div></div> <div></div> <div></div> - <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> - <div></div>	Ref no.	<div></div>	Date of birth	<div></div> / <div></div> / <div></div>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Family name	<div></div>			First given name	<div></div>		Initial	<div></div>	
Address	<div></div>						Postcode	<div></div>	

Recommended age	Vaccines given (Please 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 (please 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 (please 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"/>				
	Prevenar 13	<input type="checkbox"/>	Prevenar 7	<input type="checkbox"/>				/	/	<input type="checkbox"/>				
	RotaTeq	<input type="checkbox"/>				/	/	<input type="checkbox"/>						
	Other (please specify)							/	/	<input type="checkbox"/>				
12 months	M-M-R II	<input type="checkbox"/>	Priorix	<input type="checkbox"/>				/	/	<input type="checkbox"/>				
	Comvax	<input type="checkbox"/>	Hiberix	<input type="checkbox"/>	PedvaxHIB	<input type="checkbox"/>				/	/	<input type="checkbox"/>		
	Meningitec	<input type="checkbox"/>	NeisVac-C	<input type="checkbox"/>	Menjugate	<input type="checkbox"/>	Menitorix	<input type="checkbox"/>				/	/	<input type="checkbox"/>
	Other (please 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"/>				
	Other (please 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 (please specify)							/	/	<input type="checkbox"/>				
	Other (please specify)							/	/	<input type="checkbox"/>				
Planned catch up for overdue vaccines	<p>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. Please follow up with the family to ensure they return for the planned vaccination as only one catch up schedule can ever be recorded per child. This section may be used to support testing of natural immunity or when ordering in additional required vaccines.</p> <p>You should not tick the box if:</p> <ul style="list-style-type: none"> <li>you have vaccinated the individual and they are no longer overdue for any vaccines, <b>or</b></li> <li>you feel the parent/guardian does not intend to vaccinate their child</li> </ul>										<input type="checkbox"/>			

## 1 of 1