

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

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

Age	Vaccine	Vaccine batch number (complete for all applicable vaccines given)	Date of immunisation (dd/mm/yyyy)	If given overseas	Vaccine type (enter N, A, P or S) N - NIP/ Commonwealth A - Antenatal P - Private S - State Program	Route of administration (enter PO, SC, ID or IM) PO - Oral SC - Subcutaneous ID - Intradermal IM - Intramuscular
Birth	Engerix B		/ /	<input type="checkbox"/>		
	H-B-VAX II		/ /	<input type="checkbox"/>		
2 months	Bexsero		/ /	<input type="checkbox"/>		
	Infanrix hexa		/ /	<input type="checkbox"/>		
	Oral Polio		/ /	<input type="checkbox"/>		
	Prevenar 13		/ /	<input type="checkbox"/>		
	Rotarix		/ /	<input type="checkbox"/>		
	Vaxelis		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
4 months	Bexsero		/ /	<input type="checkbox"/>		
	Infanrix hexa		/ /	<input type="checkbox"/>		
	Oral Polio		/ /	<input type="checkbox"/>		
	Prevenar 13		/ /	<input type="checkbox"/>		
	Rotarix		/ /	<input type="checkbox"/>		
	Vaxelis		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
6 months	Infanrix hexa		/ /	<input type="checkbox"/>		
	Oral Polio		/ /	<input type="checkbox"/>		
	Vaxelis		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
12 months	Bexsero		/ /	<input type="checkbox"/>		
	M-M-R II		/ /	<input type="checkbox"/>		
	Nimenrix		/ /	<input type="checkbox"/>		
	Prevenar 13		/ /	<input type="checkbox"/>		
	Priorix		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		

Part B – continued

Age	Vaccine	Vaccine batch number (complete for all applicable vaccines given)	Date of immunisation (dd/mm/yyyy)	If given overseas	Vaccine type (enter N, A, P or S) N - NIP/ Commonwealth A - Antenatal P - Private S - State Program	Route of administration (enter PO, SC, ID or IM) PO - Oral SC - Subcutaneous ID - Intradermal IM - Intramuscular
18 months	ActHIB		/ /	<input type="checkbox"/>		
	Infanrix		/ /	<input type="checkbox"/>		
	Priorix-Tetra		/ /	<input type="checkbox"/>		
	ProQuad		/ /	<input type="checkbox"/>		
	Tripacel		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
4 years	Infanrix IPV		/ /	<input type="checkbox"/>		
	Oral Polio		/ /	<input type="checkbox"/>		
	Quadracel		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
Adolescent 12-16 yrs	Boostrix		/ /	<input type="checkbox"/>		
	Gardasil 9		/ /	<input type="checkbox"/>		
	Nimenrix		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
Adult For the specific age refer to the NIP	Prevenar 13		/ /	<input type="checkbox"/>		
	Shingrix		/ /	<input type="checkbox"/>		
	Zostavax		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		
	Other (specify)		/ /	<input type="checkbox"/>		

Planned catch up for overdue vaccines	<p>Only one catch up schedule can ever be recorded per individual. A follow up is required to make sure individuals return for the planned vaccination. This question may be used to support serological testing for natural immunity or if additional vaccines need to be ordered.</p> <p>A follow up is not required if:</p> <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. <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. <input type="checkbox"/></p>
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Part B – continued

Vaccine given	Vaccine batch/lot number (complete for all applicable vaccines given)	Date of immunisation (dd/mm/yyyy)	If given overseas	Vaccine type (enter N, A, P or S) N - NIP/ Commonwealth A - Antenatal P - Private S - State Program	Route of administration (enter PO, SC, ID or IM) PO - Oral SC - Subcutaneous ID - Intradermal IM - Intramuscular
Japanese encephalitis virus					
Vaccine name:		/ /	<input type="checkbox"/>		
Influenza					
Vaccine name:		/ /	<input type="checkbox"/>		
Other					
Vaccine name:		/ /	<input type="checkbox"/>		
Vaccine name:		/ /	<input type="checkbox"/>		

COVID-19 Name of vaccine given	Vaccine batch/lot number	Date of immunisation (dd/mm/yyyy)	Country of administration if given overseas	Vaccine type (enter N, A, P or S - see above)	Route of administration (enter PO, SC, ID or IM - see above)
		/ /			
		/ /			
		/ /			

Part C – Vaccination provider’s details and declaration

Privacy and your personal information

7 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Vaccination provider’s details and declaration

8 I certify that:

- the information I have provided in this form is true and correct.
- I have obtained proof of the vaccination(s) given.
- I have read the privacy notice at question 7 to the individual named at question 2.

I understand that:

- giving false or misleading information is a serious offence.

I have read, understood and agree to the above.

Medicare Provider number or AIR Registration number

Provider’s full name

Date (DD MM YYYY)

Returning this form

Return the completed form online using your PRODA account and the Form upload function in Health Professional Online Services (HPOS). For more information, go to servicessaustralia.gov.au/hpos