



**Immunisation encounter – To meet reporting requirements complete all fields for each vaccine administered.**

8 Immunisation service date (DD MM YYYY)

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Age	Vaccine	Vaccine batch number (complete for all applicable vaccines given)	Vaccine type (enter N, A, P or S) <b>N - NIP/Commonwealth</b> <b>A - Antenatal</b> <b>P - Private</b> <b>S - State Program</b>	Route of administration (enter PO, SC, ID or IM) <b>PO - Oral</b> <b>SC - Subcutaneous</b> <b>ID - Intradermal</b> <b>IM - Intramuscular</b>
<b>Birth</b>	Engerix B			
	H-B-VAX II			
<b>2 months</b>	Bexsero			
	Infanrix hexa			
	Prevenar 13			
	Rotarix			
	Vaxelis			
<b>4 months</b>	Bexsero			
	Infanrix hexa			
	Prevenar 13			
	Rotarix			
	Vaxelis			
<b>6 months</b>	Infanrix hexa			
	Vaxelis			
<b>12 months</b>	Bexsero			
	M-M-R II			
	Nimenrix			
	Prevenar 13			
	Priorix			
<b>18 months</b>	ActHIB			
	Hiberix			
	Infanrix			
	Priorix-Tetra			
	ProQuad			
	Tripacel			
<b>4 years</b>	Infanrix IPV			
	Quadracel			
<b>Adolescent 12-16 yrs</b>	Gardasil 9			
	Boostrix			
	Nimenrix			
<b>Adult For the specific age refer to the NIP</b>	Prevenar 13			
	Shingrix			
	Zostavax			

Vaccine	Vaccine batch number (complete for all applicable vaccines given)	Vaccine type (enter N, A, P or S)		Route of administration (enter PO, SC, ID or IM)
		N - NIP/Commonwealth	A - Antenatal	PO - Oral
Japanese encephalitis virus				
Vaccine name:				
Influenza				
Vaccine name:				
COVID-19				
<b>AstraZeneca</b>	Vaxzevria			
<b>Moderna</b>	Spikevax			
	Spikevax Biv BA.1			
	Spikevax Biv BA.4-5			
	Spikevax XBB.1.5			
<b>Novavax</b>	Nuvaxovid			
<b>Pfizer</b>	Comirnaty			
	Comirnaty Biv BA.1			
	Comirnaty Biv BA.4-5			
	Comirnaty XBB.1.5			
Other				
Vaccine name:				
Vaccine name:				

### Planned catch up for overdue vaccines

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.

A follow up is **not** required 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.

- 9 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.

### Privacy and your personal information

- 10 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](https://servicessaustralia.gov.au/privacypolicy)

### Vaccination provider's details and declaration

A recognised vaccination provider must complete this section, for example, general practitioners or councils.

#### 11 I declare that:

- the information I have provided in this form is complete and correct.

#### 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](https://servicessaustralia.gov.au/hpos)