Australian Government
Services Australia

medicare

Australian Immunisation Register immunisation history (IM013)

Doing business online for health professionals

You can record an individual's immunisation history on the Australian Immunisation Register (AIR) using:

- your practice management software (PMS), or
- the AIR site.

Make sure you have the latest version of your PMS and internet browser so that you can access the latest AIR site functionality. Contact your software vendor if you need help with PMS.

When to use this form

Only use this form when the AIR does not have the complete immunisation history for an individual and another vaccination provider performed the service.

Proof of immunisation

You need to get proof of immunisation before completing **Part B** of this form and the declaration at **Part C** (for example, written documentation or confirmation from the last vaccination provider).

Immunisation history

Part A - Individual's details

- Record the personal details of the individual.
- **Check the individual's immunisation history on the AIR** using Health Professional Online Services (HPOS), the AIR site, or by calling 1800 653 809.

Part B - Immunisation details

- Under the *Australian Immunisation Register Act 2015*, it is mandatory to report National Immunisation Program (NIP), COVID-19, influenza and Japanese encephalitis virus vaccines administered in Australia to the AIR.
- List the vaccine batch number, vaccine type and route of administration in relevant columns (if known).
- Report if the individual was pregnant at the time of vaccination (if known).
- If you do not know the vaccine brand name, you can write the generic term in the **Other (give details)** section (for example, 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 (give details)** section.
- If any COVID-19 immunisations were given to the individual while overseas, it is recommended that you report the country of administration.

Part C - Vaccination provider's details and declaration

- A recognised vaccination provider must complete **Part C** (for example, general practitioner, council or health service).
- Provide your Medicare provider number (for medical practitioners) or AIR provider number (for other vaccination providers).

For more information

Go to **servicesaustralia.gov.au/hpair**

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Part A – Individual's details

1 Medicare card number

Ref no.

or

Individual Healthcare Identifier (if known)

8 0 0 3 6 0

2 Family name

First given name

Second given name

3 Date of birth (DD MM YYYY)

4 Gender

Male ☐
Female ☐
Non-binary ☐

5 Postal address

Postcode

6 Is the individual of Aboriginal or Torres Strait Islander Australian descent?

No ☐
Yes ☐

MCA0IM013 2606

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 or O) **N - NIP or Commonwealth** **O - Other**	Route of administration (enter PO, SC, ID, IM or NS) **PO - Oral** **SC - Subcutaneous** **ID - Intradermal** **IM - Intramuscular** **NS - Nasal**
Birth	Engerix B		/ /	☐		
	H-B-VAX II		/ /	☐		
2 months	Bexsero		/ /	☐		
	Infanrix hexa		/ /	☐		
	Oral Polio		/ /	☐		
	Prevenar 20		/ /	☐		
	Rotarix		/ /	☐		
	Vaxelis		/ /	☐		
	Other (give details)		/ /	☐		
	Other (give details)		/ /	☐		
4 months	Bexsero		/ /	☐		
	Infanrix hexa		/ /	☐		
	Oral Polio		/ /	☐		
	Prevenar 20		/ /	☐		
	Rotarix		/ /	☐		
	Vaxelis		/ /	☐		
	Other (give details)		/ /	☐		
	Other (give details)		/ /	☐		
6 months	Infanrix hexa		/ /	☐		
	Oral Polio		/ /	☐		
	Vaxelis		/ /	☐		
	Other (give details)		/ /	☐		
	Other (give details)		/ /	☐		
12 months	Bexsero		/ /	☐		
	Nimenrix		/ /	☐		
	Prevenar 20		/ /	☐		
	Priorix		/ /	☐		
	Other (give details)		/ /	☐		
	Other (give details)		/ /	☐		

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 or O)	Route of administration (enter PO, SC, ID, IM or NS)	If pregnant when given
18 months	ActHIB		/ /	☐			
	Infanrix		/ /	☐			
	Priorix-Tetra		/ /	☐			
	Tripacel		/ /	☐			
	Other (give details)		/ /	☐			
	Other (give details)		/ /	☐			
4 years	Infanrix IPV		/ /	☐			
	Oral Polio		/ /	☐			
	Quadracel		/ /	☐			
	Other (give details)		/ /	☐			
	Other (give details)		/ /	☐			
Adolescent 12-16 yrs	Boostrix		/ /	☐			☐
	Gardasil 9		/ /	☐			☐
	MenQuadfi		/ /	☐			☐
	Other (give details)		/ /	☐			☐
	Other (give details)		/ /	☐			☐
Adult For the specific age refer to the NIP	Capvaxive		/ /	☐			☐
	Prevenar 13		/ /	☐			☐
	Shingrix		/ /	☐			☐
	Zostavax		/ /	☐			☐
	Other (give details)		/ /	☐			☐
	Other (give details)		/ /	☐			☐
Japanese encephalitis virus							
Vaccine name			/ /	☐			☐
Influenza							
Vaccine name			/ /	☐			☐
Other							
Vaccine name			/ /	☐			☐
Vaccine name			/ /	☐			☐

Part B – *continued*

COVID-19 Name of vaccine given	Vaccine batch or lot number	Date of immunisation (DD MM YYYY)	Vaccine type (enter N or O)	Route of administration (enter PO, SC, ID, IM or NS)	If pregnant when given
		/ /			☐
		/ /			☐
		/ /			☐

Planned catch up for overdue vaccines

7 **Read** this before answering the following question.

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
- feel the parent or guardian does not intend to vaccinate the individual.

Have you organised a catch up schedule for this individual for any overdue vaccines you were unable to administer today?

No ☐

Yes ☐

Part C – Vaccination provider's details and declaration

Privacy notice

You **must** read this privacy notice to the **individual** named on this form, or the **individual's parent or guardian**.

8 The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacypolicy**

Vaccination provider's details and declaration

9 **I declare that:**

- I have obtained proof of the vaccination(s) given
- I have read the **Privacy notice** at question 8 to the individual named on this form, or to the individual's parent or guardian
- 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 provider number

Provider's full name

Date (DD MM YYYY) (you **must** date this declaration)

Returning this form

Return this form and any supporting documents online. Use your Provider Digital Access (PRODA) account and the Form upload function in Health Professional Online Services (HPOS)

For more information, go to **servicesaustralia.gov.au/hpos**

Reset form