



Australian Immunisation Register immunisation encounter (IM018)

Doing business online for health professionals

You can record immunisation encounters 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 if you cannot record the immunisation encounter online.

Under the *Australian Immunisation Register Act 2015*, it is **mandatory** to report National Immunisation Program (NIP), COVID-19, influenza and Japanese encephalitis virus (JEV) vaccines administered in Australia to the AIR.

This includes reporting:

- the vaccine batch number and vaccine type (for all NIP, COVID-19, influenza and JEV vaccines)
- the route of administration (for JEV vaccines)
- if the individual was pregnant at the time of the vaccination (for females aged 10-65 years).

Who can use this form

Only AIR recognised vaccination providers can complete this form (for example, general practitioners or councils).

When not to use this form

Do not use this form to record an immunisation given overseas or by another vaccination provider. You can record this on the AIR through your PMS or the AIR site. If you cannot send this type of information electronically, use the **Australian Immunisation Register immunisation history (IM013)** form.

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.

Individual's details

1 Medicare card number

Ref no.

or

Individual Healthcare Identifier (if known)

2 Family name

First given name

Second given name

3 Date of birth (DD MM YYYY)

4 Gender

Male

Female

Non-binary

5 Address

Postcode

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

No

Yes

7 Read this before answering the following question.

Only complete this question if the birth dose of hepatitis B (HepB) was **administered by another provider** and documentation has been sighted by you.

HepB birth dose date (DD MM YYYY)

Vaccine batch number (if known)

Vaccine brand

Engerix B

H-B-VAX II



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

8 Was the individual pregnant at the time the vaccine was administered? No Yes

9 Immunisation service date (DD MM YYYY)

Age	Vaccine	Vaccine batch number (complete for all applicable vaccines given)	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			
	Prevenar 20			
	Rotarix			
	Vaxelis			
4 months	Bexsero			
	Infanrix hexa			
	Prevenar 20			
	Rotarix			
	Vaxelis			
6 months	Infanrix hexa			
	Vaxelis			
12 months	Bexsero			
	Nimenrix			
	Prevenar 20			
	Priorix			
18 months	ActHIB			
	Hiberix			
	Infanrix			
	Priorix-Tetra			
	Tripacel			
4 years	Infanrix IPV			
	Quadracel			
Adolescent 12-16 yrs	Gardasil 9			
	Boostrix			
	MenQuadfi			
Adult For the specific age refer to the NIP	Capvaxive			
	Prevenar 13			
	Shingrix			
	Zostavax			

Vaccine	Vaccine batch number (complete for all applicable vaccines given)	Vaccine type (enter N or O)	Route of administration (enter PO, SC, ID, IM or NS)
Japanese encephalitis virus			
Vaccine name			
Influenza			
Vaccine name			
COVID-19 – you must provide the complete and full vaccine name			
Comirnaty LP.8.1			
Vaccine name			
Other			
Vaccine name			
Vaccine name			

Planned catch up for overdue vaccines

10 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

Privacy notice

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

11 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

12 I declare that:

- I have read the **Privacy notice** at question 11 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