

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

Age	Vaccines given (mark with an X)	Batch number	Date of immunisation	Country of administration if given overseas (if known)
Birth	Engerix-B <input type="checkbox"/> HBVax II <input type="checkbox"/>		/ /	
2 months	Infanrix Hexa <input type="checkbox"/>		/ /	
	Oral Polio <input type="checkbox"/>		/ /	
	Prevenar 13 <input type="checkbox"/>		/ /	
	Rotarix <input type="checkbox"/>		/ /	
	Other (specify)		/ /	
	Other (specify)		/ /	
4 months	Infanrix Hexa <input type="checkbox"/>		/ /	
	Oral Polio <input type="checkbox"/>		/ /	
	Prevenar 13 <input type="checkbox"/>		/ /	
	Rotarix <input type="checkbox"/>		/ /	
	Other (specify)		/ /	
	Other (specify)		/ /	
6 months	Infanrix Hexa <input type="checkbox"/>		/ /	
	Oral Polio <input type="checkbox"/>		/ /	
	Other (specify)		/ /	
	Other (specify)		/ /	
12 months	M-M-R II <input type="checkbox"/> Priorix <input type="checkbox"/>		/ /	
	Nimenrix <input type="checkbox"/>		/ /	
	Prevenar 13 <input type="checkbox"/>		/ /	
	Other (specify)		/ /	
	Other (specify)		/ /	
18 months	Priorix-Tetra <input type="checkbox"/> ProQuad <input type="checkbox"/>		/ /	
	Tripacel <input type="checkbox"/> Infanrix <input type="checkbox"/>		/ /	
	ActHIB <input type="checkbox"/>		/ /	
	Other (specify)		/ /	
	Other (specify)		/ /	
4 years	Infanrix IPV <input type="checkbox"/> Quadracel <input type="checkbox"/>		/ /	
	Oral Polio <input type="checkbox"/>		/ /	
	Other (specify)		/ /	
	Other (specify)		/ /	
Adolescent 12-16 yrs	Gardasil 9 <input type="checkbox"/> Boostrix <input type="checkbox"/>		/ /	
	Nimenrix <input type="checkbox"/>		/ /	
	Other (specify)		/ /	
	Other (specify)		/ /	
Adult 70 yrs+	Prevenar 13 <input type="checkbox"/>		/ /	
	Zostavax <input type="checkbox"/>		/ /	
	Other (specify)		/ /	
	Other (specify)		/ /	

Part B – continued

Vaccines given		Batch/lot number	Date of immunisation	Country of administration if given overseas
COVID-19	Vaccine name:		/ /	
	Serial number:			
	Vaccine name:		/ /	
	Serial number:			
	Vaccine name:		/ /	
	Serial number:			
Influenza	Vaccine name:		/ /	
	Serial number:			
Other	Vaccine name:		/ /	
	Serial number:			
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. 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>			

Part C – Vaccination provider's details and declaration

Privacy and your personal information

6 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/privacy

Vaccination provider's details and declaration

7 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 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

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Provider's full name

Date (DD MM YYYY)

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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