



CITY OF
Port Adelaide Enfield

Application Form Childhood Immunisation

Child's Surname First Name(s)

Address

Suburb Postcode

Phone number Mobile Number

Date of Birth Gender Male Female

Do you have a Medicare card? Yes No Medicare No. Ref. No. on Card

YES, I have read and understood the information given to me about immunisation, including the risk of the vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risk and benefits with my nurse. I request my child to be immunised with the vaccines recommended in the immunisation schedule for pre-school aged children, as indicated. I understand that consent can be withdrawn at any time. I give permission for the Council to access my child's details on the Australian Childhood Immunisation Register for obtaining a history of previous vaccinations in order to update Council's records.

Signature Date

Name (please print) Relationship to child

Do you identify as Indigenous or Torres Strait Islander descent? Yes No

Port Adelaide Enfield Office Use Only

Vaccine		Age			Batch No
		2 mths	4 mths	6 mths	
Pneumococcal conjugate (Prevenar)	PV	2 mths	4 mths	6 mths	
Diphtheria/Tetanus/Pertussis Haemophilis Influenzae type B, Hep B/IPV	IFX HEXA	2 mths	4 mths	6 mths	
Rotavirus	RVV	2 mths	4 mths	6 mths	
Hib (Hiberix)	HBX	12 mths			
Meningococcal conjugate C (Neisvac C or Menigitec)	NVC	12 mths			
Measles Mumps Rubella (Priorix)	PRX	12 mths	4 years		
Diphtheria/Tetanus/Pertussis/IPV (Infanrix/IPV)	IFX IPV		4 years		
Varicella (Chicken pox vaccine) (Varilrix or Varivax)	VV	18 mths	School Year 8 (comm. 2006)		
Diphtheria/Tetanus/Pertussis (Boostrix)	DTPA	School Year 9			
Hepatitis B (H-B-Vax11) Adult	HBVA	School Year 8			
Hepatitis B (H-B-Vax11) Paediatric	HBVP				
Hepatitis A (Indigenous)	HAP	18 mths	2 years		
Pneumococcal (Indigenous)	PN	2 years			
Human Papilloma Virus	HPV				

Immunisation History

Birthdose	2 mths	4 mths	6 mths	12 mths	18 mths

Payment Details

Invoice Yes No Amount \$ Visa MasterCard Bankcard

Credit Card No. Expiry Date