

## IMMUNISATION ENCOUNTER FORM

<b>Surname:</b>		<b>Given Names:</b>	
<b>Medicare Number:</b>		<b>Subnumerate:</b>	
<b>Address:</b>			
<b>Suburb</b>		<b>Postcode</b>	
<input type="checkbox"/> <b>Male</b>		<input type="checkbox"/> <b>Female</b>	
		<b>Date of Birth:</b>	
<b>Is the child Aboriginal or Torres Strait Islander?</b> Yes      No			

### AUSTRALIAN CHILDHOOD SCHEDULE – as per 23 December 2010

(NOTE: Vaccines due are shaded grey – date when vaccine administered)

	Birth	2 months	4 months	6 months	12 months	18 months	4 years
<b>H-B-Vax 11 (Paed)</b>	Y/N						
<b>Prevenar</b>							
<b>Infanrix Hexa</b>							
<b>RotaTeq</b>							
<b>Priorix</b>							
<b>Hiberix</b>							
<b>Neisvac-C</b>							
<b>Varilrix</b>							
<b>Quadracel</b>							
<b>Annual Influenza Vaccine for children aged 6 months to &lt; 5 years</b>							

### INDIGENOUS SCHEDULE – as per 1<sup>st</sup> May 2009 Schedule

(NOTE: Vaccines due are shaded in grey – enter date of when vaccine administered)

	Birth	2 months	4 months	6 months	12 months	18 months	4 years
<b>Vaqta</b>							
<b>Prevenar</b>							
<b>Pneumovax 23</b>							

### MEDICALLY AT RISK CHILDREN – as per 1<sup>st</sup> May 2009 Schedule

(NOTE: Vaccines due are shaded in grey – enter date of when vaccine administered)

	Birth	2 months	4 months	6 months	12 months	18 months	4 years
<b>Prevenar</b>							
<b>Pneumovax 23</b>							

Encounter recorded in ACIR        ACIR ID claim No: \_\_\_\_\_  
Entered By: \_\_\_\_\_    Date: \_\_\_\_\_