

### IMMUNISATION ENCOUNTER FORM

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

**NON-INDIGENOUS SCHEDULE – as per 1<sup>st</sup> April 2008 Schedule**  
(NOTE: Vaccines due are shaded grey – date when vaccine administered)

|                   | Birth                        | 2 months | 4 months | 6 months | 12 months | 18 months | 4 years |
|-------------------|------------------------------|----------|----------|----------|-----------|-----------|---------|
| H-B-Vax 11 (Paed) | <input type="checkbox"/> Y/N |          |          |          |           |           |         |
| Prevenar          |                              |          |          |          |           |           |         |
| Infanrix Hexa     |                              |          |          |          |           |           |         |
| Rotarix           |                              |          |          |          |           |           |         |
| Priorix           |                              |          |          |          |           |           |         |
| Hiberix           |                              |          |          |          |           |           |         |
| Neisvac-C         |                              |          |          |          |           |           |         |
| Varilrix          |                              |          |          |          |           |           |         |
| Infanrix-IPV      |                              |          |          |          |           |           |         |

**INDIGENOUS SCHEDULE – as per 1<sup>st</sup> April 2008 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 |
|-------------------|------------------------------|----------|----------|----------|-----------|-----------|---------|
| H-B-Vax 11 (Paed) | <input type="checkbox"/> Y/N |          |          |          |           |           |         |
| Prevenar          |                              |          |          |          |           |           |         |
| Infanrix Penta    |                              |          |          |          |           |           |         |
| PedVaxHib         |                              |          |          |          |           |           |         |
| Rotarix           |                              |          |          |          |           |           |         |
| Priorix           |                              |          |          |          |           |           |         |
| Hiberix           |                              |          |          |          |           |           |         |
| Neisvac-C         |                              |          |          |          |           |           |         |
| Vaqta             |                              |          |          |          |           |           |         |
| Varilrix          |                              |          |          |          |           |           |         |
| Pneumovax 23      |                              |          |          |          |           |           |         |
| Infanrix-IPV      |                              |          |          |          |           |           |         |

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