Australian Government
Department of Human Services

medicare

Information you need to know about the immunisation history form

Purpose of this form

Only use the immunisation history form when the Australian Childhood Immunisation Register (the ACIR) does not have the complete immunisation history for an individual and another vaccination provider performed the service. Report vaccinations administered by yourself using the standard processes (i.e. HPOS, Electronic Data Interchange, Immunisation encounter form or Medicare's online claiming).

Proof of immunisation

Obtain proof of immunisation before completing Part B of this form and signing the declaration at Part C (i.e. written documentation or confirmation from the last vaccination provider).

Immunisation details

- **Only include immunisations on this form that are not already recorded on the ACIR**. You can check an individual's history on the ACIR through HPOS or by phoning the enquiry line on **1800 653 809**.
  Note: Call charges apply from mobile phones.
- The ACIR only records immunisations given on or after 1 January 1996 to individuals up to 20 years of age.

Immunisation history details at Part B

- If you do not know the vaccine brand name, you can write the generic term in the **Other (please specify)** section (e.g. DTPa instead of Infanrix).
- If the individual has received a vaccination for an antigen not shown on the form, write the vaccine brand name or antigen in the **Other (please specify)** section.

Immunisations given overseas

- If the immunisations were given to the individual while overseas, note this in the **if given overseas** column.
- Please write the generic vaccine term in the **Other (please specify)** section if you do not know the vaccine brand name, or if it has not been in use in Australia (e.g. DTP will suffice for a diphtheria, tetanus and pertussis vaccine, as the vaccine term is well known).

Planned catch up for overdue vaccines

If you have organised to commence the individual on a catch up schedule for any overdue vaccines you were unable to administer today, tick the last box in Part B.

You do not need to tick the box if you have vaccinated the individual and they are no longer overdue for any vaccines.

Provider declaration

- A recognised vaccination provider must complete Part C (e.g. GP, council, health service, etc.).
- Supply your Medicare provider number (for medical practitioners) or ACIR registration number (for other vaccination providers) in the space provided.

For more information

For further information about the ACIR, go to **humanservices.gov.au/acir** or call **1800 653 809** Monday to Friday, between 8.00 am and 5.00 pm Australian Eastern Standard Time.

Note: Call charges apply from mobile phones.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed and signed form to:
Department of Human Services
Australian Childhood Immunisation Register
GPO Box M933
PERTH WA 6843

or

Fax: **08 9254 4810**

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy** or by requesting a copy from the department.

Australian Childhood Immunisation Register immunisation history form

CLAIM ID

Part A – individual's details

Medicare number [ ] – [ ] – [ ] Ref no. [ ] Date of birth / / Male [ ] Female [ ]

Family name [ ] First given name [ ] Initial [ ]

Address [ ] Postcode

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

Recommended age	Vaccines given (Please mark with an X)	Date of immunisation	If given overseas
Birth	Engerix-B [ ] HBVax II [ ]	/ /	[ ]
2 months	Infanrix [ ] InfanrixHepB [ ] Infanrix Hexa [ ] Infanrix IPV [ ] Hexaxim [ ]	/ /	[ ]
	IPOL [ ] Oral Polio [ ]	/ /	[ ]
	Comvax [ ] PedvaxHIB [ ]	/ /	[ ]
	Prevenar 13 [ ] Prevenar 7 [ ]	/ /	[ ]
	Rotarix [ ] RotaTeq [ ]	/ /	[ ]
	Other (please specify)	/ /	[ ]
4 months	Infanrix [ ] InfanrixHepB [ ] Infanrix Hexa [ ] Infanrix IPV [ ] Hexaxim [ ]	/ /	[ ]
	IPOL [ ] Oral Polio [ ]	/ /	[ ]
	Comvax [ ] PedvaxHIB [ ]	/ /	[ ]
	Prevenar 13 [ ] Prevenar 7 [ ]	/ /	[ ]
	Rotarix [ ] RotaTeq [ ]	/ /	[ ]
	Other (please specify)	/ /	[ ]
6 months	Infanrix [ ] InfanrixHepB [ ] Infanrix Hexa [ ] Infanrix IPV [ ] Hexaxim [ ]	/ /	[ ]
	IPOL [ ] Oral Polio [ ]	/ /	[ ]
	Prevenar 13 [ ] Prevenar 7 [ ]	/ /	[ ]
	RotaTeq [ ]	/ /	[ ]
	Other (please specify)	/ /	[ ]
12 months	M-M-R II [ ] Priorix [ ]	/ /	[ ]
	Comvax [ ] Hiberix [ ] PedvaxHIB [ ]	/ /	[ ]
	Meningitec [ ] NeisVac-C [ ] Menjugate [ ] Menitorix [ ]	/ /	[ ]
	Other (please specify)	/ /	[ ]
18 months	Varilrix [ ] Varivax [ ]	/ /	[ ]
	Priorix-Tetra [ ] ProQuad [ ]	/ /	[ ]
	Tripacel [ ] Infanrix [ ]	/ /	[ ]
	Other (please specify)	/ /	[ ]
4 years	Infanrix [ ] Infanrix IPV [ ] Quadracel [ ] Tripacel [ ]	/ /	[ ]
	IPOL [ ] Oral Polio [ ]	/ /	[ ]
	M-M-R II [ ] Priorix [ ]	/ /	[ ]
	Other (please specify)	/ /	[ ]
Catch up schedule	Tick this box if you have organised to commence the individual on a **catch up schedule** for any overdue vaccines that were not able to be administered today. **Note**: See the *Australian Immunisation Handbook* for catch up schedule details.		[ ]

Part C – Vaccination provider's details and declaration

Note: A recognised vaccination provider must complete and sign this section (e.g. GP, Council, etc.).

Medicare provider/ ACIR registration number [ ] Telephone number ( )

Provider name [ ]

I certify that the information provided on this form is true and correct and that I have obtained proof of the vaccination(s) given. Giving false or misleading information is a serious offence.

Provider's signature [ ] Date / /

Please return this form to the Department of Human Services, GPO Box M933, PERTH WA 6843 or by fax on **08 9254 4810**. For further information about the Australian Childhood Immunisation Register, go to **humanservices.gov.au/acir** or call **1800 653 809**. **Note**: Call charges may apply from mobile phones.

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