MOSMAN COUNCIL
IMMUNISATION REGISTRATION

CHILD'S DETAILS

Surname:		**Given Names:**	
Date of Birth:		**Gender:**	Male ☐ Female ☐
Home Address:			
	Street	Suburb	Postcode
Mailing Address:			

				Sighted
Medicare Card Number:		**Child Ref Number:**	1 / 2 / 3 / 4 / 5 / 6	

PARENT/GUARDIAN'S DETAILS

Surname:		**Given Names:**	
Relationship to child:		**Mobile Phone:**	
Home Phone:		**Email:**	

I consent to my child _____
                                          Name
being vaccinated subject to discussion of the risks and benefits in compliance with the National Immunisation Program guidelines.
Signature of Parent/Guardian: _____Clinic Date:____/____/___

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Signature of Parent/Guardian: _____Clinic Date:____/____/___

Signature of Parent/Guardian: _____Clinic Date:____/____/___

Bring the completed form to the immunisation clinic with your Babys Blue (Health) Book
For further information contact the Immunisation Co-ordinator on (02) 9978 4161

Health Records and Information Privacy (HRIP) Act
In completing this form you will be prompted to supply information that is personal information for the purposes of the Health Records and Information Privacy (HRIP) Act, 2002. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, Mosman Council may be unable to process your request. Council is required, under the Act, to inform you about how your personal information is being collected and used.

This document will be retained by the clinic and each immunisation will be recorded overleaf by the co-ordinator

Ph: 9978 4161   **Fax:** 9978 4149   **Website:** www.mosman.nsw.gov.au

IMMUNISATION DETAILS

OFFICE USE ONLY: Details of Immunisations Administered

Child's Name: | **Date of Birth**:

Vaccine (diseases listed)	Dose 1		Dose 2		Dose 3	
	Date Given	Batch Number	Date Given	Batch Number	Date Given	Batch Number
Hepatitis B (at birth)						
Infanrix Hexa						
- Diphtheria, Tetanus, Pertussis						
- Haemophilus influenzae type B (Hib)						
- Hepatitis B						
- Polio						
Prevenar (Pneumococcal)						
Rotarix (oral) (Rotavirus)						
Priorix (Mealses Mumps Rubella)						
MMRII (Measles Mumps Rubella)						
Menitorix (Hib, MenC)						
Priorix-Tetra (MMRV)						
Infanrix-IPV						
- Diphtheria, Tetanus, Pertussis						
- Polio						
Other						
Other						
Other						
Other						
Other						
Other						
Other						