



IMMUNISATION RECORD

Child's name: Date of birth:.....

Address:

Please enter details of your child's immunisations and the date given.

For both State and Commonwealth Government requirements proof of immunisation needs to be sighted by either your child's educator or a Family Day Care staff member. This form must be kept up to date.

When completing this form original immunisation details MUST be sighted by the Educator

AGE	Immunisations	Place & Date given	Parent initial & date	Record sighted by Educator
Birth	HB Vax II (Hep B) Paediatric			
2 months	Infanrix Hexa (DTPa/Hib/Hep B/IPV) Prevenar 13 (13vPCV) Rotarix (rotavirus)			
4 months	Infanrix Hexa (DTPa/Hib/Hep B/IPV) Prevenar 13 (13vPCV) Rotarix (rotavirus)			
6 months	Infanrix Hexa (DTPa/Hib/Hep B/IPV) *Prevenar 13 (13vPCV)			
6 months-3 years	FluQuadri Junior (influenza)			
12 months	Priorix or M-M-R II (MMR) Nimenrix (Men ACWY) Prevenar 13 (13vPCV)			
18 months	Priorix-Tetra or Proquad (MMRV) Tripacel or Infanrix (DTPa) Act-HIB (Hib)			
3-5 years	FluQuadri (Influenza)			
4 Years	Infanrix IPV (DTPa/IPV) *Pneumovax 23 (23vPPV)			
Any other				

***only if there are predisposing medical conditions**

Educator's Name:.....

Office use: file educator Harmony