

# Immunisation History AND/OR Catch-Up Request

|                 |  |                         |
|-----------------|--|-------------------------|
| Practice Name:  | Person Requesting:   | Date: _____/_____/_____ |
| Practice Phone: | Preferred correspondence (1 option <b>MUST</b> be completed) |                         |
|                 | Fax: _____   |                         |
|                 | Email: _____   |                         |

Please indicate: HISTORY  AND/OR CATCH-UP request

### \*\*\*Please note:

- There is a 2-week turnaround on all catch-up requests
- Catch-Up schedules will not be developed unless all the relevant information is provided
- All previously administered vaccines not listed on AIR for the patient must be entered onto AIR prior to sending catch-up request to Public Health

**RELEVANT INFORMATION ATTACHED** (Attach copy of all previous immunisations available - including overseas records and any personal health records. Overseas records **MUST** be clear and interpreted in English. Scanned records or photos of immunisation records sent via email is preferred – fax is difficult to read).

Is Child medically at risk?  Yes  No If yes, specify medical risk: \_\_\_\_\_

Gestational age <32 weeks AND/OR birth weight <2000g (please circle)

### ◆ CHILD/ADOLESCENT'S DETAILS *{Please ensure all details are completed clearly}*

Full Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other Indigenous:  Yes  No  
 Medicare Card \_\_\_\_\_ Ref No \_\_\_\_\_  
 Address \_\_\_\_\_

### ADDITIONAL INFORMATION IS NEEDED FOR: *{Complete where appropriate}*

#### ADOLESCENT 10-19 YEARS

- Current Year Level at school \_\_\_\_\_ OR Has left school:
- Has child ever received vaccinations through school? Yes:  No:

#### OVERSEAS CHILD CATCH UP

- Country child was vaccinated in: \_\_\_\_\_
- Please attach Overseas Vaccination History. History **MUST** be a clear copy with vaccines/antigens and must be in English (note – scanned record or photo via email preferred for overseas records)
- AIR Immunisation history form [IM013.1601] **MUST** be completed and attached **AND** entered onto AIR prior to sending catch-up request to Public Health

Please verify: - **Have all previously administered vaccines been entered onto AIR prior to sending catch-up request to Public Health?** Yes:  No:

**PLEASE FAX YOUR REQUEST TO 49206865 OR EMAIL TO CQPHU-IMMS@health.qld.gov.au**