

**Overseas Vaccination Transcription / Australian Immunisation Register (AIR) Entry Request Form****All information must be completed separately for each child. One request per family.**

Name of practice	Phone	Fax / Email
Print name of nurse	Date    /    /	Total no. of pages
<b>IMPORTANT – The vaccination history needs to be legible with English language vaccine descriptions. Ensure overseas history is attached</b>  Country of origin where vaccinations were given _____		

**1. Person's/child's details – Please print clearly**

First name	Surname
Address:	Gender    F <input type="checkbox"/> M <input type="checkbox"/>
DOB        /        /	Medicare number / IHI Number**

**\*\*If no Medicare Number or Individual Health Identifier (IHI) Number is provided then SCPHU will not enter vaccines onto AIR. Instead SCPHU will provide a Transcription of Vaccinations to the Vaccine Service Provider to enter onto AIR.**

**2. Person's/child's details – Please print clearly**

First name	Surname
Address: As Above / Other	Gender    F <input type="checkbox"/> M <input type="checkbox"/>
DOB        /        /	Medicare number / IHI Number**

**3. Person's/child's details – Please print clearly**

First name	Surname
Address: As Above / Other	Gender    F <input type="checkbox"/> M <input type="checkbox"/>
DOB        /        /	Medicare number / IHI Number**

**Send all request to:** email – [SCPHU-IMMS@health.qld.gov.au](mailto:SCPHU-IMMS@health.qld.gov.au) or fax – 5202 9889

**Please allow up to one week for entry onto AIR**

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Maroochydore 4558

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