**Sunshine Coast Public Health Unit** 

## **IMMUNISATION CATCH-UP WORKSHEET**

Aboriginal and/or Torres Strait Islander children <10 years of age Updated July 2023

Name of Child:				Date of Birth: Age:		
Address:				Medical Risk Factors ☐ List		
Medicare No:				Request Date:		Appointment Date:
Requesting Practice:				Nurse / MO Name:		
Dose	1	2	3	4	5	COMMENTS
Vaccine Antigen				(Enter dates given)		
Infanrix Hexa OR Vaxelis DTPa-hepB-IPV-Hib	s 2mths	4mths	6mths			
Prevenar 13 13vPCV	2mths	4mths	6mths	12mths		Catch Up to 5 yrs of age
Rotavirus	2mths	4mths			Strict time	parameters apply check dosing wheel
Bexsero (Meningococcal B)	2mths	4mths	**6mths at risk for IPD	12mths	** Medical risk factors for IPD  If #1 is given ≥12mths old only 2 doses required - 8wks apart  Prophylactic use of paracetamol recommended	
Nimenrix (MenACWY)	12 mths				If previou	s history of MenC vaccine may not be eligible for this vaccine
Priorix or MMR II (MMR)	12 mths					
Priorix Tetra or ProQuad	t	18mths				
VAQTA Hepatitis A	18 mths	4yrs				
Act HIB				*18mths	Check Hi	b Table (and last dose must be over 15 mths of age)
Infanrix or Tripacel  DTPa				*18mths	Need 6 mths between doses 3 and 4 of DTPa containing vaccines	
Infanrix IPV or Quadrace	el .				4yrs	Need 6 mths between doses 4 and 5 of DTPa containing vaccines Dose 5 DTPa not needed if dose 4 given >3.5 years
Pneumovax 23 23vPPV	4yrs					
Influenza From 6mth Dose		* Dose 2 due 4 weeks after #1 in <b>first year</b> of receiving flu vaccine				*Funded from 6 mths
RECOMMENDED CATCH UP	•		of what you	u think is due	e)	
		to next dose			Vaccines ar	nd Dose Number
Due I		ow				
	month	months from last				
	month	months from last				











