

## HANDY HINTS

## Immunisation History &amp; Catch-Up Worksheet

Medicare No: \_\_\_\_\_ Ref:  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: 

☐ Male ☐ Female  
☐ Aboriginal or Torres Strait Islander  
☐ Medical Condition ☐ Preterm  
 Reason for catch-up:  
☐ Overdue ☐ Migrant ☐ Refugee

Vaccine	DOB	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Total vaccines needed at current age	# Doses due now for this catch-up	Catch-up schedule timeframe				
BCG														
DTPa(dTpa>10yrs)														
IPV or OPV														
Hib														
Hepatitis B														
PCV														
Rotavirus														
Men B														
Men C/MenACWY														
MMR														
Varilrix														
Hep A														
Pneumovax 23														
HPV														

Ensure two IPN Nurses have reviewed the original records and planned the catch-up-schedule. By signing below you certify that the information is true, based on proof of vaccination.

Nurse 1: \_\_\_\_\_ Nurse 2: \_\_\_\_\_ Date: \_\_\_\_\_