



Schools | Providing Consent

Booking Link

Click on the booking link or QR code provided by the school. This will take you straight to the Vitavo Parent Portal which is accessible on phone, tablet or computer.

Choose your Year Level

From the first page, choose your childs school level

Immunisation Inf	ormation
School	
Coorparoo Second	ary College
	vant year level for information on the upcor the relevant button below to complete digi
Select fear Level	
Select 🗸	
Select	
Year 7	

Choose to provide consent

Year	7
	ol visits: ed, 27 Nov 2024
Di Ho Please Im Pr	7 vaccinations offered phtheria-Tetanus-Pertussis (Whooping Cough) uman Papillomavirus (HPV) e review the following: munisation Schedule e-Immunisation Information de Effect Fact Sheet
For m	ore information, please contact <u>Nevermore Shire Council.</u>
0 T	o consent to one or more vaccinations for a student, select "I consent".
	I consent
	l do not consent

The next page provides you with the information on the scheduled visit including the vaccinations offered.

ning School Immunisation

Read through the the documents provided to inform yourself on the vaccines offered, then choose to provide consent for the student.

Choose I consent if you wish for the student to be vaccinated. OR I do not consent if you don't wish to proceed.



Schools | I Do Not Consent

If you choose I Do Not Consent you will be required to fill in a form that allows the school to identify those students that have not consented.

Please complete form

l do not consent

Please Select Your Reason For Not Consenting To Vaccination:

- O My child is already vaccinated
- O I plan on getting my child vaccinated elsewhere
- I am an objector to vaccination (conscientious objector)
- O I have changed my mind I previously consented and wish to withdraw consent for a student

O Other reason

Completing this information will ensure you are not followed up unnecessarily.

Student's Last Nam	e				
Student's Date Of E	Birth				
DD	~	МММ	~	YYYY	~
Gender) Male () Fen School Name	nale 🔿	Another term			
Coorparoo Seco	ndary Col	lege			
Year 7 v					
Adult Last Name					
Adult's Relationship) Parent) Le Contact Number					
Email Address					
		Su	ıbmit		

The form includes the students name, date of birth, gender and year level as well as your name and your relationship to the student.

You are not required to create a profile in Vitavo to record your information on this form.



Schools | I Consent

If you choose I **consent** for the vaccination to be administered you will be required to create an account in Vitavo or, log in to your existing Vitavo account.

Creating a new account will require access to an email address to verify your account.

Once you are logged into Vitavo, you will be required to enter the students information and record your details to provide consent

Log Don't have an <u>Create an</u>	account yet?
Email Address	
Password	Ø
Remember me	Forgot password?
Log	şin
Create an	Account

Student Information		
	Address Details	
Student Details	Address 1	
Student First Name		
First Name as appears on Birth Certificate or Medicare c	Address 2 (optional)	
Student Last Name	Suburb	
Last Name as appears on Birth Certificate or Medicare ca		
Medicare Status	State	
Select Medicare Status	Select a state 🗸	
Medicare Number (optional)	Postcode	
Medicare Individual Reference Number (optional)	School Details	



Schools | I Consent

Record their medical conditions - these can be updated at any time

Skarlet Weatherby		
Medical Conditions		
Is Skarlet Weatherby Pregnant? (optional): O Yes No		
Select if relevant		
Renal (Kidney) Disease		
Haematological Disorders		
Immunocompromising Conditions (select relevant condition/s from the options listed)		
Diabetes And Other Metabolic Disorders		
Cardiac Disease		
Chronic Neurological Conditions		
Chronic Respiratory Conditions		
Chronic Liver Disease		
Trisomy 21 (Down Syndrome)		
Long-term aspirin therapy in children aged 6 months to 10 years		
Previous episode of invasive pneumococcal disease		
Developmental Disability		
Back		
Next		

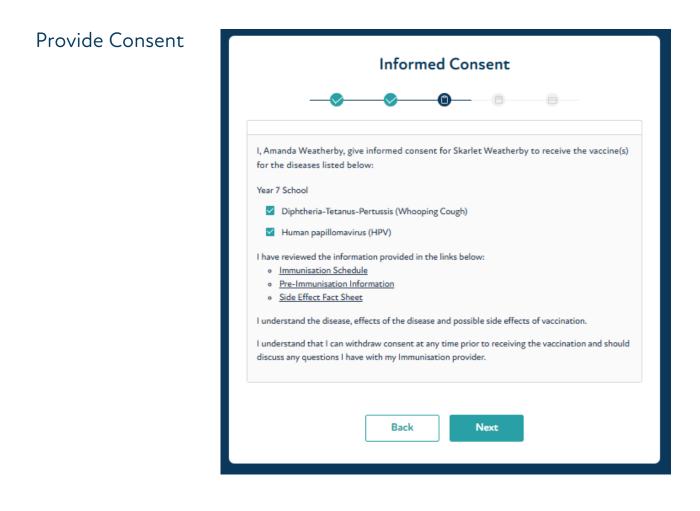




Schools | I Consent

Then reaffirm their vaccinations

Skarlet Weatherby		
Select Immunisation		
 National & State Immunisation Program: Year 7 School Diphtheria-Tetanus-Pertussis (Whooping Cough) Human papillomavirus (HPV) 	Free	
Back Next		





Schools | I Consent

Complete the Pre-Immunisation checklist

Pre-immunisation Checklist
This checklist allows Nevermore Shire Council to assess your vaccination eligibility. You must complete this form prior to arrival at Coorparoo Secondary College.
Skarlet Weatherby Dependant
Does Skarlet have a disease or condition which lowers immunity (e.g leukaemia, cancer, HIV, SCID)?
Does Skarlet take medication or receive treatment which lowers immunity (e.g. oral steroids, disease-modifying anti-rheumatic drugs [DMARDs], radiotherapy, chemotherapy)?
Has Skarlet ever had a severe reaction following any vaccine or medication (such as anaphylaxis)?
Does Skarlet have any severe allergies to anything?
Has Skarlet received any other vaccination in the past month?
Has Skarlet ever fainted or felt dizzy after having an injection?
Is Skarlet pregnant?
Is there any other information you would like to share with the Immunisation Team about Skarlet's vaccination?
Continue
2 Certify



Schools | Withdraw Consent

You can log into your profile of Vitavo at any time and withdraw consent for the immunisation.

From the home page, click on the EDIT button beside the vaccine

Dashboard		
Upcoming	History	
 27 Nov 2024 - 09:00 am Skarlet Weatherby Coorparoo Secondary College Vaccination Booked 		
Manage Health Services		
Book Appointment		
C Manage Profile	⊠ Email Provider	

And withdraw consent

Wit	hdraw Consent
ß	Edit Consent
	27 Nov 2024 Skarlet Weatherby Coorparoo Secondary College Diphtheria-Tetanus-Pertussis (Whooping Cough) Human papillomavirus (HPV)
	Withdraw Consent Back