



School-based Immunisation Program 2023

The School-based Immunisation Program provides routine and recommended vaccines to WA high school students for free. Students are eligible to receive the following vaccines in 2023:

Year 7: Diphtheria-tetanus-pertussis (dTpa) and Human papillomavirus (HPV)

Year 10: Meningococcal ACWY (Men ACWY)

Ages 12–18 years old: SARS-CoV-2 (COVID-19)

Please read, sign and return the immunisation consent form to your student's school. Interpreter required: Yes No

Child's (dependent's) details. Please fill in this section whether you consent to your child receiving vaccines or not

Child's first name		Does the child identify as Aboriginal and/or Torres Strait Islander descent?	
<input type="text"/>		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Neither	
Child's last name	Middle initial	Mobile phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth		Child does not have a mobile phone	
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="checkbox"/>	
Gender M <input type="checkbox"/> F <input type="checkbox"/> Undisclosed <input type="checkbox"/>		Landline contact number	
		<input type="text"/>	
Residential address			
<input type="text"/>			
Suburb		Postcode	
<input type="text"/>		<input type="text"/>	
Medicare number		Reference number next to child's name	Medicare card not available/shown
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of the school your child attends		School year group	
<input type="text"/>		<input type="text"/>	<input type="text"/>

Is your child a WA Health Staff member? Yes No

Parent/legal guardian details. Please fill in this section whether you consent to your child receiving vaccines or not

Do you have a VaccinateWA account? Yes No (if no, one will be created for you and your child)

Parent/guardian legal last name		Parent/guardian first name	
<input type="text"/>		<input type="text"/>	
Parent/guardian date of birth	Mobile phone (preferred)	Landline contact number	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	
Email			
<input type="text"/>			
Parent/guardian address			
<input type="text"/>			
Suburb		Postcode	
<input type="text"/>		<input type="text"/>	

Consent section – parent/guardian to complete

General

Has your child ever had a serious reaction or anaphylaxis to any vaccine or medication? Yes No

Does your child have any severe allergies? Yes No

Does your child have any long-term medical conditions? Yes No

Has your child fainted when receiving an injection? Yes No

Has your child received any other vaccine in the last four weeks? Yes No

Additional question for Year 10s only:

Has your child received the Meningococcal ACWY (MenACWY) vaccine in the last 12 months? Yes No

Note: Your child will need a dose of the MenACWY vaccine even if they received a Men C vaccine as an infant.

Additional question for COVID-19 vaccinations only:

Note: specific to the administration of Pfizer and Moderna vaccines.

Has your child ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis? Yes No

Does your child have a bleeding disorder or are they currently taking any medicine to thin their blood (an anticoagular therapy)? Yes No

Does your child have a weakened immune system (immunocompromised)? Yes No

Has your child had COVID-19 infection before? Approximate date of infection ____ / ____ / ____ Yes No

Has your child been sick with a cough, sore throat, fever or are feeling sick in another way? Yes No

Has your child been diagnosed with myocarditis and/or pericarditis that is attributed to a previous dose of Pfizer or Moderna COVID-19 vaccine? Yes No

Has your child had myocarditis, pericarditis or endocarditis within the past three months? Yes No

Does your child currently have acute rheumatic fever or acute rheumatic heart disease? Yes No

Does your child have severe heart failure? Yes No

Is your child pregnant? Yes No

If yes to any of the above, please provide details: _____

• I am authorised to give consent or non-consent for my child to be vaccinated. I have read and understand the information provided about vaccination, including the possible vaccine side effects. I understand I can discuss the risks and benefits of vaccination with my GP or call the school immunisation nurse. Consent provided for the above-mentioned vaccine(s) will remain valid until 31st December 2024, and can be withdrawn by contacting the school team.

• I understand I may receive an SMS from WA Health about my child's vaccination experience.

• I understand the information provided on this form will be recorded on relevant State and Commonwealth immunisation registers. It will remain confidential and used to monitor immunisation rates and inform program improvement.

Please ensure you tick and sign the green boxes for your child to be vaccinated.

If you do not want your child to receive a specific vaccine, tick and sign the relevant red box.

Year 7	Diphtheria, tetanus and whooping cough (1 dose of adolescent booster dTpa vaccine)
	Yes <input type="checkbox"/> Signature: _____ Date: ____ / ____ / ____ No <input type="checkbox"/> Signature: _____ Date: ____ / ____ / ____
	Human Papillomavirus (1 dose of HPV vaccine)
	Yes <input type="checkbox"/> Signature: _____ Date: ____ / ____ / ____ No <input type="checkbox"/> Signature: _____ Date: ____ / ____ / ____

Year 10	Do you consent to your child receiving the meningococcal ACWY vaccine?
	Yes <input type="checkbox"/> Signature: _____ Date: ____ / ____ / ____ No <input type="checkbox"/> Signature: _____ Date: ____ / ____ / ____

	Do you consent to your child receiving the COVID-19 vaccine?
	Yes <input type="checkbox"/> Signature: _____ Date: ____ / ____ / ____ No <input type="checkbox"/> Signature: _____ Date: ____ / ____ / ____

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