



## Immunisation History Request Form

<b>Date of request:</b>												
<b>Request is for child (Full Name):</b>												
<b>Medicare No (if available):</b>												Number by your name:
<b>Date of birth:</b>												
<b>Address:</b>												
<b>Mobile of parent/guardian:</b>												
<b>Contact Email:</b>												
<b>Name of School :</b>												

Please advise which year your child is currently in and which class they belong to:

<input type="checkbox"/> Year 7	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12
<b>Class:</b>	<b>Class:</b>	<b>Class:</b>	<b>Class:</b>	<b>Class:</b>	<b>Class:</b>

If any immunisations are outstanding (or not) for your child you will be advised, and consent will be requested if you would like your child to receive any missed vaccinations when we visit your child's school in October 2023 (you can also attend any of our local Immunisation sessions for this – timetable is available on the Mitchell Shire website for time/date/location).

**If your child is 14 or over, please have them counter-sign this form with you as this is a requirement**

<b>Please print your name Parent/Guardian:</b>		<b>Please print your name Child:</b>	
<b>Signature:</b>		<b>Signature:</b>	

**Please return forms to:** Immunisation Department - Mitchell Shire Council - 113 High Street, Broadford, VIC 3658 or email completed form to [immunisation@mitchellshire.vic.gov.au](mailto:immunisation@mitchellshire.vic.gov.au) or send a photo to 0407 892 925 of the signed form