

REQUEST FOR ASSESSMENT OF IMMUNISATION RECORDS



Please note: EHA provides assessment for clients residing in one of our Constituent Council areas (City of Prospect, City of Norwood, Payneham & St Peters, City of Burnside, Campbelltown City Council or the Corporation of the Town of Walkerville).

Phone: (08) 8132 3600

Form Lodgement - In person: 101 Payneham Road, St Peters SA 5069
By Post: PO Box 275, Stepney SA 5069
By Email: eha@eha.sa.gov.au

- ❖ Eastern Health Authority's (EHA) Immunisation team can provide an assessment of immunisation records for individuals that have previously been vaccinated by a Doctor (GP) and other immunisation provider either in Australia or Overseas.
- ❖ To assess an Immunisation History all records of previous immunisations **must be provided with this form**. EHA is not able to provide records of vaccinations administered by Doctors or other immunisation providers. All previous vaccination records must be provided to EHA with this request and must be in English or translated into English.
- ❖ From the information obtained on this form and from the written vaccination history provided by you (from interstate/overseas or another SA provider) Immunisation staff will recommend the vaccinations that are due. We will then contact you within 10 working days to advise which vaccines are required and propose a date for clinic attendance.
- ❖ It is the parent/caregiver's responsibility to contact the Australian Immunisation Register (AIR) to ensure that your child's records are current and that all known vaccines administered to your child have been forwarded to AIR by the appropriate provider. Parent/Caregivers can contact AIR on 1800 653 809 or medicare.gov.au.

Immunisation History Assessment required for (Child's Details):

Person applying for Assessment (Parent/Caregiver):

Given name: _____ Middle name: _____ Surname: _____ (Please list any changes to surname/first name that will assist our assessment)	Given name: _____ Middle name: _____ Surname: _____ (Please list any changes to surname/first name that will assist our assessment)
Date of Birth: ____/____/____ Please circle: Male / Female	Email: _____
Medicare Number (if applicable) : _____ Number before patient's name: _____	Address: _____ _____
Current Address: _____ _____ Any previous address: _____	Phone (work): _____ Phone (home): _____ Phone (mobile): _____ Relationship to the above: _____
Which Council area do you live in: (please circle) Norwood, Payneham & St Peters / City of Burnside / Campbelltown City Council / City of Prospect / The Corporation of the Town of Walkerville.	
Please circle types of immunisation records attached: School vaccination records Baby Book AIR history Overseas records Doctor's (GP) records	
Signature of Parent/Caregiver: _____	Date: _____

Eastern Health Authority and their staff accept no responsibility for discrepancies that may occur after this initial vaccination history assessment if in the future your child's vaccinations are not up to date for their age. All efforts are made in good faith and to the best of our knowledge when providing this assessment.

Office use Only:

Vaccination history information received/sighted: Yes/No/Nil	TRIM Records Checked: Yes/No	TRIM Ref:
ImPS checked/printed: Yes/No/Nil Records	AIR checked/printed: Yes/No/Nil Records	
Date of RN Assessment:	Signature of RN preparing assessment:	
Signature of RN 2:	Client Contacted - Date and initials:	
History submitted AIR (initials):	Date history submitted on AIR (initials):	
Clinic booked date:	Clinic Venue:	