

YES - I have read, completed, and understood the Pre-vaccination checklist. I have been offered the information on the immunisations to read and will be given the opportunity to discuss the risks and benefits with an immunisation provider at the time of vaccination. I consent for the above named to be vaccinated with the vaccines ticked below. I understand the information I provide, and information related to any vaccines administered, will be recorded electronically and/or in hard copy. I consent to the disclosure of this information to SA Health and local government councils (and their immunisation service providers) and to the Australian Immunisation Register. I can contact my immunisation service provider if I am concerned personal information has been misused or subject to unauthorised access. If the issue remains unresolved, contact SA Health on 1300 232 272.

Name of person giving consent: _____ Signature: _____

Relationship to person being vaccinated: _____ Date: _____

Note: Please ask the nurse for information on any other matter relating to vaccination before vaccines are given.

Parent please tick below which vaccines are required today

Below is office use only

Tick	Age	Vaccine	Batch No.	Site	Dose
<input type="checkbox"/>	6 weeks	Infanrix Hexa – Haemophilus Influenzae Type B/ Hepatitis B/ Diphtheria/ Tetanus/ Pertussis/ Inactivated Poliomyelitis Prevenar 13 – Conjugate Pneumococcal 13 valent Rotarix – Oral Rotavirus vaccine Bexsero – Meningococcal B			
<input type="checkbox"/>	4 months	Infanrix Hexa – Haemophilus Influenzae Type B/ Hepatitis B/ Diphtheria/ Tetanus/ Pertussis/ Inactivated Poliomyelitis Prevenar 13 – Conjugate Pneumococcal 13 valent Rotarix – Oral Rotavirus vaccine Bexsero – Meningococcal B			
<input type="checkbox"/>	6 months	Infanrix Hexa – Haemophilus Influenzae Type B/Hepatitis B/ Diphtheria/ Tetanus/ Pertussis/ Inactivated Poliomyelitis			
<input type="checkbox"/>	Aboriginal* or MAR*	Prevenar 13 – Conjugate Pneumococcal 13 valent			
<input type="checkbox"/>	12 months	Priorix or MMR II – Measles/Mumps/Rubella Prevenar 13 – Conjugate Pneumococcal 13 valent Nimenrix – Meningococcal Conjugate ACWY Bexsero – Meningococcal B			
<input type="checkbox"/>	MAR*	HB VAX II or Engerix B – Hepatitis B paediatric			
<input type="checkbox"/>	18 months	Priorix-Tetra or Pro Quad – Measles/Mumps/Rubella/Varicella Infanrix or Tripacel – Diphtheria/ Tetanus/ Pertussis Act-HIB – Haemophilus Influenzae Type B			
<input type="checkbox"/>	18 months Aboriginal*	Vaqta – Hepatitis A			
<input type="checkbox"/>	4 years	Infanrix IPV or Quadracel – Diphtheria/ Tetanus/ Pertussis/ Inactivated Poliomyelitis			
<input type="checkbox"/>	MAR*	Pneumovax 23 – Polysaccharide Pneumococcal 23 valent			
<input type="checkbox"/>	4 years Aboriginal*	Pneumovax 23 – Polysaccharide Pneumococcal 23 valent Vaqta – Hepatitis A			
<input type="checkbox"/>	Other	Bexsero – Meningococcal B			
<input type="checkbox"/>	Other	Influenza			
<input type="checkbox"/>	Other				

MAR* – Medically At-Risk Aboriginal* - inclusive of Aboriginal and Torres Strait Islander People

Immunisation provider name: _____ Signature: _____

Date: _____ Time: _____ Comments: _____