

# 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, the Corporation of the Town of Walkerville), or in The City of Unley.*

Phone: (08) 8132 3600  
Fax: (08) 8132 3623

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](mailto: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 Childhood Immunisation Register (ACIR) to ensure that your child's records are current and that all known vaccines administered to your child have been forwarded to ACIR by the appropriate provider. Parent/Caregivers can contact ACIR on 1800 653 809 or [medicare.gov.au](http://medicare.gov.au).

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

## Person applying for Assessment (Parent/Caregiver):

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

