

# REQUEST FOR ASSESSMENT OF IMMUNISATION RECORDS



Please note: EHA provides assessment for clients residing in one of the Council

Areas we serve. (City of Prospect, City of Norwood, Payneham & St Peters, City of Burnside, Campbelltown City Council, the Corporation of the Town of Walkerville and City of Unley)

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

- An administration/service fee of \$60.00 is required upon application. Once we have received the completed forms we will contact you for payment prior to commencement of assessment.
- 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**. 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. Once the assessment has been completed, we will then contact you in 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: _____	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)
Please circle: Date of Birth: ____ / ____ / ____ Male / Female	Email: _____
Medicare Number (if applicable) : _____	Address: _____
Number before patient's name: _____	_____
Current Address: _____	Phone (work): _____ Phone (home): _____
_____	Phone (mobile): _____
Any previous address: _____	Relationship to the above: _____
Country of Birth/Immunisation : _____	<b>Office use only:</b> Admin payment received \$60.00 CARD / CASH
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, City of Unley	
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:

Date of RN Assessment:	AIR checked/printed: Yes/No/Nil Records
History submitted AIR (date & initials):	Claim ID number:
Signature of RN preparing assessment:	Clinic date booked:
AIR/IRIS records checked:	Client Contacted - Date and initials: