Immunisation Record

Primary HealthCare

LAST NAME	FIRST NAME	I.D.

BIRTH DATE (dd/mm/yy)

OFFICIAL STAMP (NIS, Doctor or Health Clinic)

INSTRUCTIONS

Record the Type (eg.HepB) or affix the vaccine sticker and the Date (d/m/yy) for each vaccination given. For combination vaccines (like DTaP-IPV-Hib), complete a row under each separate antigen in the combination. If not given at NIS, report the vaccination through the MyHealth doctors portal.

Vaccine	Dose No.	Type	Date Given (d/m/yy)	Administered By (clinic, doctor, etc)
Diptheria, Tetanus, Pertussis, Polio, Hib (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib)				
Boosters				
Hepatitis B (HepB, HepA+B)				
Pneumococcal (PCV10, PCV13, PPSV23)				
Rotavirus				

Vaccine	Dose No.	Type	Date Given (d/m/yy)	Administered By (clinic, doctor, etc)
Measles, Mumps, & Rubella (MMR, MMRV)				
Varicella (chickenpox)				
Hepatitis A (HepA, HepA-HepB)				
Meningococcal (Men B, C, ACWY)				
Human papillomavirus				
Other				