



Australian Government

Medicare Australia

IMMU-2

Australian childhood
immunisation
register

DO NOT REMOVE COVER SHEET BEFORE IMPRINTING AND PLEASE PRINT CAREFULLY.

- This form is used to record details of immunisations administered in Australia to children under the age of 7 years.
- Immunisation encounter forms (IMMU-2) must be submitted with an Immunisation encounter header form (IMMU-1).
- Please use a **Medicare number** and **Reference number** to identify a child wherever possible.
- If a Medicare number is not available we require the child's full name, address, date of birth and gender.
- If you are immunising the child for the first time, and you have sighted documentation indicating that this child has been given the birth dose of hepatitis B vaccine, please provide the date the vaccine was given.
- You must seek **parental consent** before completing the Aboriginal or Torres Strait Islander details.
- You should record vaccine brand names not listed on this form in the **Other vaccine** box.
- You can find a more comprehensive list of instructions in the '*How to complete the Australian Childhood Immunisation Register Immunisation encounter form*'. This includes a list of vaccine brand names acceptable for recording in the **Other vaccine** box.

Immunisation encounter form • Mark the vaccine dose with an 'X'

IMMU-2

DETAILS OF CHILD

Medicare number

Reference number

Family name

First given name

Initial

Address

Postcode

Male

Female

Date of birth

/

/

Is the child Aboriginal or Torres Strait Islander?

No

Yes

If immunising the child for the first time and you have sighted documentation that the birth dose of hepatitis B has been given, please provide the date.

HepB birth dose date

Provider's initials

Immunisation service date

Recommended age	2mth	4mth	6mth	12mth	18mth	4yr
Infanrix Hexa	1	2	3			
Infanrix IPV	1	2	3			4
Infanrix Penta	1	2	3			
Quadracel	1	2	3			4
Prevenar	1	2	3			
Comvax	1	2		3		
PedvaxHIB	1	2		3		
Hiberix				4		
Priorix				1		2
Meningitec				1		
NeisVac-C				1		
Menjugate				1		
Varilrix					1	
Varivax					1	
Rotarix	1	2				
RotaTeq	1	2	3			
Other vaccine (please specify)						Dose

HOLD BOTH ENDS FIRMLY - PULL TO SEPARATE

Immunisation encounter form • Mark the vaccine dose with an 'X'

IMMU-2

DETAILS OF CHILD

Medicare number

Reference number

Family name

First given name Initial

Address

Postcode

Male Female Date of birth / /

Is the child Aboriginal or Torres Strait Islander? No Yes

If immunising the child for the first time and you have sighted documentation that the birth dose of hepatitis B has been given, please provide the date.

HepB birth dose date / /

Provider's initials Immunisation service date / /

Recommended age	2mth	4mth	6mth	12mth	18mth	4yr
Infanrix Hexa	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			
Infanrix IPV	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			<input type="text" value="4"/>
Infanrix Penta	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			
Quadracel	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			<input type="text" value="4"/>
Prevenar	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			
Comvax	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="3"/>		
PedvaxHIB	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="3"/>		
Hiberix				<input type="text" value="4"/>		
Priorix				<input type="text" value="1"/>		<input type="text" value="2"/>
Meningitec				<input type="text" value="1"/>		
NeisVac-C				<input type="text" value="1"/>		
Menjugate				<input type="text" value="1"/>		
Varilrix					<input type="text" value="1"/>	
Varivax					<input type="text" value="1"/>	
Rotarix	<input type="text" value="1"/>	<input type="text" value="2"/>				
RotaTeq	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			
Other vaccine (please specify)						Dose

HOLD BOTH ENDS FIRMLY - PULL TO SEPARATE

PROVIDER COPY

PRIVACY NOTE: The information provided by you on this form will be used to update the Australian Childhood Immunisation Register. The collection of information on this form is authorised by the *Health Insurance Act 1973*. The Immunisation Register may disclose this information to the Family Assistance Office, a parent or guardian of the stated child, and to authorised immunisation providers and bodies as authorised or required by law.