



Australian Government

Medicare Australia

IMMU-1

Australian childhood
immunisation
register

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

- This form is used to record details of the provider.
- If you have a provider or registration card and imprinter you can imprint the card to record your details.
- If you do not have a provider card or imprinter, record your name and provider number or name and practice address in the space provided.
- If all recorded episodes were administered on the same day, you may choose to write the date of service on the Immunisation encounter header form.
- If the recorded episodes were administered on different days, you must write the date of service on each individual Immunisation encounter form.
- You can submit up to 99 Immunisation encounter forms under one Immunisation encounter header form.
- Please forward claims to the Australian Childhood Immunisation Register (ACIR) on a weekly basis.

Claim No:

Immunisation encounter header form

IMMU-1

Provider name	
Address	
	Postcode

Date of service

Only complete if not provided on each
Immunisation encounter form

/
/

Number of encounter forms

Please supply Medicare provider/ACIR registration number if imprinter not used.

**Medicare provider/ACIR
registration number**

1
2
3
4
5
6
7
8
9
0

Declaration by provider who rendered the immunisation services
 To the best of my knowledge and belief all information provided is true.

Signature of provider who rendered the services

Date

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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.