

## Medical Practitioner Vaccine Administration Order for Practice Nurses to Give S4 Immunisation Schedule Vaccines -2 months to 12 months of age-

*This order is valid for a period of 12 months from the date of the medical officer's authorization. The authority applies to vaccines currently listed in the WA 2010 Immunisation Schedule, either singularly or in combination. This authorization **must** be filed in the patient/persons file. Under section 36B of the Poisons Regulation 1965; Record of supply or administration of substances included in Schedule 4, A record required to be made under regulation (1) must be — (a) kept for at least 2 years from the date on which the substance was supplied or administered; and (b) made available for inspection on request by an authorized officer.*

**Name of person:** \_\_\_\_\_

**Address of person:** \_\_\_\_\_

P/C \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/20\_\_

**Immunisations to be administered for the primary course of vaccination for the ages 2 months to 12 months of age, as per the recommended vaccines and dosages in the Australian Immunisation Handbook 9<sup>th</sup> Edition, 2008.**

**Please tick to stipulate the vaccines to be administered to the client in the boxes below.**

- All Vaccines to be administered, or  
 Specific vaccines only (please tick the specific vaccines on the schedule below for the vaccinations that the client will be receiving for the 12 month period)

The following vaccines will be administered as follows:

Age	Vaccine	Specific Vaccines to be given	Batch Number	Date Given	Signed
2 months	7vPCV	<input type="checkbox"/>			
	ORV1	<input type="checkbox"/>			
	DTPa -IPV-HepB- Hib	<input type="checkbox"/>			
4 months	7vPCV	<input type="checkbox"/>			
	ORV1	<input type="checkbox"/>			
	DTPa -IPV-HepB- Hib	<input type="checkbox"/>			
6 months	7vPCV	<input type="checkbox"/>			
	ORV1	<input type="checkbox"/>			
	DTPa -IPV-HepB- Hib	<input type="checkbox"/>			
12 months	MMR	<input type="checkbox"/>			
	Hib	<input type="checkbox"/>			
	MenCCV	<input type="checkbox"/>			
	Hep A (Aboriginal children only)	<input type="checkbox"/>			

**Name of Medical Practitioner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

P/C \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Signature of prescribing doctor:** \_\_\_\_\_

**Date of authorization:** \_\_\_\_/\_\_\_\_/20\_\_

*This medical practitioner administration order for practice nurses to give S4 immunisation schedule vaccines can only be used if the practice nurse has completed the Department of Health's Accredited Immunisation Certification Course.*