Medical Practitioner Vaccine Administration Order for Practice Nurses to Give S4 Immunisation Schedule Vaccines -4 years 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 age of 4 years, as per the recommended vaccines and dosages in the Australian Immunisation Handbook 9th 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 should be administered as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>Specific Vaccines to be given</th>
<th>Batch Number</th>
<th>Date Given</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 years</td>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DTPa-IPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.