



Report of Government-Procured Vaccines used in General Practice for Adolescents and Adults

Please use this form for reporting administration of the following government-procured vaccines to an adolescent or adult:

- dTpa, HPV, Hep B, and/or Varicella vaccine administered to a Year 7 student
- dTpa (Pertussis) vaccine administered to a parent/grandparent/household carer of a newborn less than six months old.

Patient's Last Name:	First Name:
Address:	
DOB: ____/____/____	Aboriginal/Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

Year 7 Student: dTpa, HPV, Hep B, Varicella Vaccine
Name of School Attended:
Vaccine(s) Administered:
<input type="checkbox"/> dTpa Batch Number: _____
<input type="checkbox"/> HPV Batch Number: _____ (circle one) Dose 1 / 2 / 3 Please enter all HPV vaccines administered on the National HPV Register at www.hpvregister.org.au or call 1800 478 734
<input type="checkbox"/> Hep B Batch Number: _____ (circle one) Dose 1 / 2
<input type="checkbox"/> Varicella Batch Number: _____
Date of Vaccination: ____/____/____

Parent/Grandparent/Household Carer of a Newborn: Pertussis Vaccine (dTpa)
This is a time-limited program and will run from 1 July 2011 to 31 December 2011, with the possibility of extension.
Circle one: Mother / Father / Grandparent / Household Carer
Vaccine(s) Administered:
<input type="checkbox"/> dTpa (Pertussis) Batch Number: _____
Date of Vaccination: ____/____/____

GP Provider Number:	Practice Stamp:
Practice Number: _____ (used for ordering vaccines)	
Name and Address of Practice:	
_____ _____ _____	

It is important to fax this completed page to the Department of Health so we can account for the government-procured vaccine used in the new parent Pertussis program and maintain a complete immunisation medical record for Year 7 students in WA.

Please fax completed form to Communicable Disease Control Directorate on 9388 4877