



Prevenar Vaccination Multi-Lodgement Form

Instructions

This form may be used to submit details of multiple Prevenar (pneumococcal) vaccinations to the Australian Childhood Immunisation Register (ACIR) for children under 7 years of age.

Explanation of form requirements

Medicare number: If the child is enrolled in Medicare, the Medicare number should be provided together with the child's name and date of birth details. Where the Medicare number is not known, please ensure that the child's address is also supplied.

Replacement Stationery

Additional copies of this form may be requested by contacting the ACIR on 1800 653 809 (freecall) or via email to acir@hic.gov.au. Please quote form number IMM-018b.

Completed copies of this form should be forwarded to:

HIC
GPO Box M933
PERTH WA 6843

or

Faxed to (08) 9214 8163

Date given	Medicare number with child's Reference number	Surname	First name	Sex M/F	Date of Birth	Dose	Address
15/1/05	1 2 3 4 5 6 7 8 9 1 5	Smith	John	M	15/06/03	1	100 State Pl, Morley WA 6062
19/2/05	1 2 3 4 5 6 7 8 9 1 4	Jones	Betty	F	09/01/04	1	12 Central St, Subiaco WA 6008
11/3/05	1 2 3 4 5 6 7 8 9 1 3	Cooke	Jackson	M	18/10/04	2	130 Front Crt, Torbay WA 6330