



## 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: _____
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:

dTpa                      Batch Number: \_\_\_\_\_

HPV                      Batch Number: \_\_\_\_\_ (circle one) Dose 1 / 2 / 3

Hep B                      Batch Number: \_\_\_\_\_ (circle one) Dose 1 / 2

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:

dTpa (Pertussis)                      Batch Number: \_\_\_\_\_

Date of Vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p>Practice Number: _____ (used for ordering vaccines)</p> <p>Name and Address of Practice: _____ _____ _____ _____</p>	<p>Practice Stamp:</p>
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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**