

Immunisation recording form – all age groups

Clinic/Provider Name:		Phone:		Email:	
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- It is a **MANDATORY REQUIREMENT** of the Australian Immunisation Register (AIR) to record ALL vaccines given as soon as possible to the AIR
- ALL FIELDS ON THIS FORM MUST BE COMPLETED.
- Record ALL VACCINES on this form as soon as they have been given to the patient.
- Return this form via email **WEEKLY** to ImmunisationUnit.THS@nt.gov.au

HRN or Medicare	Surname	First name	DOB	M/F/O	A/O Aboriginal / Other	Date given	Vaccine name	Dose number	Batch number	Vaccine type** if known (See code below)

** Vaccine Type = who is funding the vaccine?	NIP/Commonwealth (NIP) most childhood vaccines < 20 years	Antenatal (A/N) Any vaccine that is given during pregnancy	Private Funded (P) eg: Boostrix that is given >19Y	State Funded (S) eg: ADT for tetanus prone wounds
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Scan and email completed form to ImmunisationUnit.THS@nt.gov.au WEEKLY