

Your Child's Vaccination Record

Childs Name: _____

Date of birth: _____ / _____ / _____

<u>Age</u>	<u>Vaccine</u>	<u>Date Obtained</u>	<u>Signature</u>
Birth	Hepatitis B		
2 months	Hepatitis B*		
	Diphtheria, tetanus and acellular pertussis		
	<i>Haemophilus influenzae type b</i>		
	Oral poliomyelitis vaccine		
	Pneumococcal conjugate vaccine (eligible children only)		
4 months	Hepatitis B*		
	Diphtheria, tetanus and acellular pertussis		
	<i>Haemophilus influenzae type b</i>		
	Oral poliomyelitis vaccine		
	Pneumococcal conjugate vaccine (eligible children only+)		
6 months	Hepatitis B*		
	Diphtheria, tetanus and acellular pertussis		
	Oral poliomyelitis vaccine		
	Pneumococcal conjugate vaccine (eligible children only+)		
12 months	Hepatitis B*		
	<i>Haemophilus influenzae type b</i>		
	Measles, mumps and rubella		
	Meningococcal C		
	Pneumococcal conjugate vaccine (eligible children only+)		
18-24 months	Pneumococcal polysaccharide vaccine (eligible children only+)		
4 years	Diphtheria, tetanus and acellular pertussis		
	Oral poliomyelitis vaccine		
	Measles, mumps and rubella		
	Pneumococcal conjugate vaccine (eligible children only)		
10-13 years	Hepatitis B#		
15-17 years	Diphtheria, tetanus and acellular pertussis		
65 years plus	Influenza annually		

Notes

- * Total 3 doses required following birth dose.
- # Only administer to children who have not been immunised previously for hepatitis B.
- + Check for eligibility - "Childhood Pneumococcal Vaccination Programme"

The above information is available from <http://immunise.health.gov.au/schedule.pdf>

Doctors name	_____		
address:	_____		
phone:	_____		
Dentists name	_____		
address:	_____		
phone:	_____		
Medicare #	_____	Sub #	_____
Private Insurer	_____	Table	_____
Medical notes	_____		

