										☐ Male	☐ Fe	male \square	Other:			
										☐ Aboriginal or Torres Strait Islander						
Gold Coast Health Public Health Unit										☐ Medical condition ☐ Preterm						
Immunisation History & Catch Up Worksheet											Reason for catch-up:					
	•		•							Overd	due 🗌 Mi	grant 🗌	Refugee			
Medicare No.:					R	ef:	DO	B:			Age:					
Family Name:							Given Nar	me/s:								
Address:											Postcode:					
Vaccine	Birth	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Total vaccines needed at current age	# Doses due now for this catch- up	Catch-up schedule timeframe						
BCG																
DTPa (dTpa >10yrs)																
IPV or OPV																
Hib																
Hepatitis B																
PCV																
Rotavirus																
Men B																
Men C / Men ACWY																
MMR																
Varilrix																
Нер А				ATSI & medically at risk												
Pneumovax 23				ATSI & medically at risk												
HPV																
Ensure two IPN Nur	rse have rev	riewed the or	riginal reco	ds and plan	ned the catc	h-up sched	lule. By signi	ng below	you certify	y that the inf	ormation is t	rue, based or	n proof of vac	cination.		
Nurse 1 Name (print):						Sign	ature:					_ Date: _	//	/		
Nurse 2 Name (print):	nme (print): Signature:							_ Date: _	//	/						





DO NOT WRITE IN THIS BINDING MARGIN

NOTES: