

Vaccine (office use only – please circle)	6wks	4mths	6mths	12mths	18mths	4yrs	Other	Clinical Notes
InfanrixHexa® / Vaxelis® (Diphtheria, Tetanus, Pertussis, Hep B, Inactivated Polio, Haemophilus influenza B)	1	2	3					
Prevenar 20® (Pneumococcal) ♦ Pre-term <28 wks or Medical at Risk & ▲ ATSI	1	2	♦▲ 3	3				
Rotarix® (Rotavirus) 1 st dose must be given <15 wks 2 nd dose must be given <25 wks	1	2						
Bexsero® (Meningococcal B) ATSI only (▲ at 6 months if medical risk factors for IMD)	▲ 1	▲ 2	▲ 3	▲ 3				
MMRII® / Priorix® (Measles / Mumps / Rubella)				1				
Nimenrix® (Meningococcal ACWY)				1				
HBVAXII® (Hep B – Paed) ♦ Pre-term <32 wks. or <2000g birthweight Catch-up				♦ 4				
Tripacel® / Infranrix® (Diphtheria, Tetanus, Pertussis)					4			
Act-HIB® (Haemophilus Influenzae type b)					4			
Priorix-Tetra® (Measles, Mumps, Rubella & Varicella)					2			
Vaqta® (Hep A) ▲ ATSI up to 10 yrs					▲ 1	▲ 2		
Pneumococcal 20® ♦ Medical risk factors for IPD ▲ ATSI (Dose at 4 yrs of age then additional dose 5 yrs later) ▲ additional dose 2-12mths after Prev 13 dose CHECK AIR						♦ ▲ 4		
InfanrixIPV® / Quadracel® (Diphtheria, Tetanus, Pertussis & Inactivated Polio)						5		
Influenza® (* 2 nd dose req for age 6mths- <9yrs) multiple brands please specify								

Infanrix Hexa® / Vaxelis®	Batch # RA LA RL LL	Prevenar 20®	Batch # RA LA RL LL	Rotarix®	Batch # ORAL	Bexsero® <input type="checkbox"/> Paid <input type="checkbox"/> Free	Batch # RA LA RL LL
Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:
MMRII® / Priorix®	Batch # RA LA RL LL	Prevenar 20®	Batch # RA LA RL LL	Nimenrix®	Batch # RA LA RL LL	Bexsero® <input type="checkbox"/> Paid <input type="checkbox"/> Free	Batch # RA LA RL LL
Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:
Infanrix® / Tripacel®	Batch # RA LA RL LL	Act-HIB®	Batch # RA LA RL LL	Priorix Tetra®	Batch # RA LA RL LL	VAQTA® ATSI ▲	Batch # RA LA RL LL
Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:
InfanrixIPV® / Quadracel®	Batch # RA LA RL LL	VAQTA® ATSI ▲	Batch # RA LA RL LL	♦ Hepatitis B (HBVaxII® / Engerix B®)	Batch # RA LA RL LL		Batch # RA LA RL LL
Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:
Influenza®	Batch # RA LA RL LL		Batch # RA LA RL LL		Batch # RA LA RL LL		Batch # RA LA RL LL
Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:	Dose #	Nurse Signature:

Clients Age: <input type="checkbox"/> Pre Vaccination <input type="checkbox"/> Post Vaccination <input type="checkbox"/> Reaction/s and <input type="checkbox"/> Vaccine Information <input type="checkbox"/> Post Immunisation Record <i>has been provided to parent / legal guardian / other</i>	Time vaccinated:
IPN Name (Please Print / Use Stamp): _____ Date: ____/____/____	AM / PM