



Vaccine (office use only – please circle)	Dose	Dose	Dose	Dose	Paid / Free	Clinical Notes
Adacel® / Boostrix® (Diphtheria / Tetanus / Pertussis)	1	2	3	5		
Bexsero® (Meningococcal B)	1	2	3			
Havrix® (Hepatitis A)	1	2				
Engerix B® / HBVaxII® (Hepatitis B)	1	2	3			
Gardasil 9® (Human Papillomavirus)	1	2	3			
Influenza	1					
IPOL® (Inactivated Polio)						
MenQuadfi® / Nimenrix® (Meningococcal ACWY)	1	2				
Prevenar 13® (Pneumococcal) Prevenar 20® (Pneumococcal)	1					
Pneumovax 23® (Pneumococcal)	1					
Priorix® / MMRII® (Measles / Mumps / Rubella) Free if born after 1966 – 2 doses required, 1 month apart	1	2				
Shingrix® (Shingles)	1	2				
Twinrix® (Hepatitis A & B)	1	2	3			
Varivax® / Varilrix® (Varicella (Chickenpox))	1	2				

<b>Adacel® / Boostrix®</b>	Batch #	RA LA RL LL	<b>Gardasil 9®</b>	Batch #	RA LA RL LL	<b>MenQuadfi® / Nimenrix®</b>	Batch #	RA LA RL LL	<b>Bexsero®</b>	Batch #	RA LA RL LL
Dose #	Nurse Signature:		Dose #	Nurse Signature:		Dose #	Nurse Signature:		Dose #	Nurse Signature:	
<b>Engerix B® / HBVaxII®</b>	Batch #	RA LA RL LL	<b>Priorix® / MMRII®</b>	Batch #	RA LA RL LL	<b>Priorix Tetra®</b>	Batch #	RA LA RL LL		Batch #	RA LA RL LL
Dose #	Nurse Signature:		Dose #	Nurse Signature:		Dose #	Nurse Signature:		Dose #	Nurse Signature:	
<b>Prevenar 20®</b>	Batch #	RA LA RL LL	<b>Prevenar 13®</b>	Batch #	RA LA RL LL	<b>Pneumovax 23®</b>	Batch #	RA LA RL LL	<b>IPOL®</b>	Batch #	RA LA RL LL
Dose #	Nurse Signature:		Dose #	Nurse Signature:		Dose #	Nurse Signature:		Dose #	Nurse Signature:	
<b>Havrix®</b>	Batch #	RA LA RL LL	<b>Twinrix®</b>	Batch #	RA LA RL LL	<b>Varivax® / Varilrix®</b>	Batch #	RA LA RL LL	<b>Shingrix®</b>	Batch #	RA LA RL LL
Dose #	Nurse Signature:		Dose #	Nurse Signature:		Dose #	Nurse Signature:		Dose #	Nurse Signature:	

<b>School Name / College Name / Home Schooled</b> (please indicate)	<b>Current Year Level:</b>
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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 client / parent / legal guardian</i>	Time vaccinated: AM / PM
IPN Name (Please Print / Use Stamp): _____ Date: ____/____/____	