

IMMUNISATION REQUEST FORM

In addition to the routine national immunisation schedule, there are vaccines recommended for certain medical conditions. Please refer to the following for Government and department-funded vaccines. *Families may have to pay for some of these vaccines.*

Patient Name.....
DOB (dd/mm/yyyy)

UR number.....
Affix patient label here

Please complete this form and send with family to the immunisation centre located at the Flemington Road entrance next to the Information Desk. Extension 6599. Pager 5562.

Please tick the category relevant to your patient

Pneumococcal Conjugate Vaccine **GOVERNMENT FUNDED**

- < 5 yrs. and a child of Aboriginal or Torres Strait Islander descent (ATSI)
Applicable only if living in the Central Australian region, which includes parts of N.T., S.A. and W.A.
- <5 yrs. Congenital immune deficiency including symptomatic IgG or isolated IgA deficiency, but excluding children where monthly immunoglobulin infusion is required
- <5 yrs. Immunosuppressive therapy (including corticosteroid therapy equivalent to greater than 2mg/kg per day of prednisolone for more than 2 weeks) or radiation therapy where there is sufficient immune reconstitution for vaccine response to be expected
- <5 yrs. Compromised splenic function due to sickle cell haemoglobinopathies, or congenital acquired asplenia
- <5 yrs. HIV infection, before and after development of AIDS
- <5 yrs. Renal failure, or relapsing or persistent nephrotic syndrome
- <5 yrs. Down's syndrome
- <5 yrs. Cardiac disease associated with cyanosis or cardiac failure
- <5 yrs. All premature infants born at less than 28 weeks gestation
- <5 yrs. Cystic fibrosis
- <5 yrs. Insulin-dependant diabetes mellitus
- <5 yrs. Proven or presumptive cerebrospinal fluid leak
- <5 yrs. Intracranial shunts and cochlear implants
- <5 yrs. Pre organ transplant
- <5 yrs. Premature infants with chronic lung disease

Medical risk groups may require additional booster doses of Prevenar and Pneumovax

Pneumococcal Conjugate Vaccine **DEPARTMENT TO PAY**

- >2 yrs. *without* medical risk factors listed above

Pneumococcal Polysaccharide Vaccine **GOVERNMENT FUNDED**

- >5yrs. with medical risk factors listed above
- This vaccine is also available to all inpatients and out patients of RCH

Meningococcal Conjugate Vaccine **DEPARTMENT TO PAY**

- < 12 mnths. with bionic ear implant.

Meningococcal Polysaccharide Vaccine **GOVERNMENT TO PAY**

- >2 yrs. with functional or anatomical asplenia.

Varicella Vaccine

DEPARTMENT TO PAY

>12 mths. Recommended for siblings or household contacts of children with low immunity.

Other vaccine Orders

Please complete the following if your patient is not relevant to previous categories

Vaccine/s required;

.....

Reason for vaccine/s recommendation;e.g. low antibodies

.....

Doctor Requesting vaccines (print).....

Signature.....Date.....

Contact Details.....

Department funded vaccines must be approved by the department head

Department.....

Doctor Approving vaccines (print)

Signature.....Date.....

Immunisation/Pharmacy services use only

Vaccine Schedule	Dose No	Date Due	Date Given	Pharmacy Use