



Is this child on a Catch-Up schedule? **YES NO** If yes, Catch-Up #: \_\_\_\_\_ Reason: \_\_\_\_\_

**2, 4 & 6 Months**

- Infanrix Hexa®** (Diphtheria, Tetanus, Pertussis, Hepatitis B, Inactivated Polio & Haemophilus Influenzae B)
- Prevenar13®** (Pneumococcal) *(Dose 3 for Indigenous &/or Med @ Risk)*
- Rotarix®** (Rotavirus)
- Bexsero** (Meningococcal B) *(Indigenous &/or Med @ Risk)*
- Nimenrix®** (Meningococcal A,C,W,Y) *Med @ Risk*

**12 Months** *(Nurses, please circle the brand of vaccine)*

- Priorix® or MMR II®** (Measles, Mumps & Rubella)
- Nimenrix®** (Meningococcal A,C,W,Y) *Med @ Risk*
- Prevenar13®** (Pneumococcal) *(Dose 4 for Indigenous &/or Med @ Risk Only)*
- Bexsero** (Meningococcal B) *(Indigenous &/or Med @ Risk)*
- HB Vax II Paediatric®** (Hepatitis B – if Birth Weight <2000g)

**18 Months** *(Nurses, please circle the brand of vaccine)*

- ProQuad® or PriorixTetra®** (Measles, Mumps, Rubella & Varicella)
- Infanrix® or Tripacel®** (Diphtheria, Tetanus & Pertussis)
- Act-HIB®** (Haemophilus Influenzae B)
- Vaqa Paediatric®** (Hepatitis A – for Indigenous)

**4 Years** *(Nurses, please circle the brand of vaccine)*

- InfanrixIPV® or Quadracel®** (Diphtheria, Tetanus, Pertussis & Inactivated Polio)
- Pneumovax 23®** (Pneumococcal – (Indigenous &/or Med @ Risk) (refer to NIP Pneumococcal Decision Tree)
- Vaqa Paediatric®** (Hepatitis A – for Indigenous)

**Office Use Only (DOSE please circle)**

1	RL	2	RL	3	RL
1	LL	2	LL	3	LL
1	Oral	2	Oral		
1	RL	2	RL	3	RL
					<input type="checkbox"/> PAID <input type="checkbox"/> FREE
1	LL	2	LL		

**Office Use Only (DOSE please circle)**

1	LA				
1	LA	3	LA		
3	RA	4	RA		
1	RA	2	RA	3	RA
					<input type="checkbox"/> PAID <input type="checkbox"/> FREE
4	RA LA RL LL				

**Office Use Only (DOSE please circle)**

2	LA
4	RA
4	LA
1	RA

**Office Use Only (DOSE please circle)**

5	LA
5	RA
2	LA

**Influenza (6mths 3yrs require Paediatric 0.25ml Dose)**

**Brand Name:** \_\_\_\_\_ **0.5ml**  
 Has the child received the influenza vaccine in a previous year? **Yes or No**  
 If no, a 2nd dose is required if the child is <9yrs

1	LA RA LL RL	2		<input type="checkbox"/> PAID <input type="checkbox"/> FREE
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**Catch Up Vaccines (Nurses, circle brand & dose)** Other: \_\_\_\_\_

HB VAX II (Paed)	1 2 3 RA LA	MMRII/Priorix	1 2 RA LA	Varilrix/Varivax	1 2 RA LA	InfanrixIPV	1 2 3 RA LA	Bexsero (Indigenous Children < 2 yrs)	1 2 3 4 RA LA RL LL
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**Office Use Only**

The parent / legal guardian or authorised person of the child to be vaccinated:  
 Was given the opportunity to discuss the risks and benefits of the vaccination.  Yes

Nurse Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

