



Request for immunisation support from the Department of Health

Please complete this form if you would like assistance in meeting immunisation requirements for your child's enrolment.

Please print in BLOCK LETTERS

Parent / carer full name:	
<input type="checkbox"/> I understand my child's information will be provided to the Department of Health.	
<input type="checkbox"/> I understand I will be contacted by the Department of Health to discuss my child's immunisation status.	
Please select from the following options:	
<input type="checkbox"/> I'm unsure about my child's immunisation status.	
<input type="checkbox"/> I need help accessing my child's AIR Immunisation History Statement.	
<input type="checkbox"/> I consent to the Department of Health providing a copy of my child's AIR Immunisation History Statement directly to the child care/school.	
<input type="checkbox"/> I'd like more information about immunisation.	
Child's name:	
Child's date of birth:	
Child's Medicare number:	Reference number:
Residential address:	
Phone:	
Email:	
Parent / carer signature:	Date:

School use only:

Scan and send this form to: immunisation@health.wa.gov.au

<input type="checkbox"/> Child is applying to enrol in kindergarten this year	
Principal or delegate signature:	Date:
School name:	
School contact email:	