

## Application for immunisation records

The Council's Community Wellbeing Department can provide immunisation records for individuals who have been immunised through a Loddon Shire Council immunisation service. The Council is not able to provide records of immunisations given by doctors or other providers.

**For children under the age of fourteen (14) years, immunisation records are available by contacting the Australian Childhood Immunisation Register (ACIR) on:**

**Phone:** 1800 653 809

**Email:** [acir@humanservices.gov.au](mailto:acir@humanservices.gov.au)

**Web:** [http://www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register?utm\\_source=medicare&utm\\_medium=error-page&utm\\_campaign=transformation](http://www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register?utm_source=medicare&utm_medium=error-page&utm_campaign=transformation)

### Immunisation record required for

Surname: \_\_\_\_\_

**Please list surname at the time of immunisation or any changes that may have occurred to your surname or first name that will assist with our search.**

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (BH): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

### Further information to assist in locating your immunisation record

Do you have your baby immunisation book? ☒ Yes ☐ No

**If Yes, to assist with our search, please attach a copy of all your immunisation records from the back of the book.**

Primary & Secondary Schools attended

Years attended

1. _____	_____
2. _____	_____
3. _____	_____

### Person applying for record

☐ It is my own records I am applying for (personal details specified above)

☐ I am applying for another individuals records (please complete personal details below)



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Surname: \_\_\_\_\_ First name: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
Phone number (BH): \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Applicant's relationship to the above mentioned:  
☐ Parent ☐ Guardian Other (please specify): \_\_\_\_\_

### Applicants signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(If immunisation records are required for a person over the age of 18 years, they must sign here).**

### Retrieval of records

Please allow **ten (10) working days** from receipt of application for retrieval of records. Once records are retrieved, they will be posted or emailed to the applicant.

For any information regarding immunisation please contact Council's Community Wellbeing Department on 5494 1201

### Lodgement details

Please lodge this completed application by using one of the following options:

<b>Mail:</b>	Loddon Shire Council Community Wellbeing Department PO Box 62 SERPENTINE VIC 3517	<b>In person at Council Offices:</b>	Wedderburn: 37- 41 High Street Serpentine: 37 Peppercorn Way
<b>Fax:</b>	03 5437 8407	<b>Email:</b>	<a href="mailto:earlyyears@loddon.vic.gov.au">earlyyears@loddon.vic.gov.au</a>

### Office Use Only

Date application received: \_\_\_\_\_  
Date immunisation record sent: \_\_\_\_\_  
Signed Early Years Coordinator: \_\_\_\_\_  
Signed Immunisation Nurse/Administrator: \_\_\_\_\_

#### Privacy statement

Loddon Shire Council  
41 High Street, Wedderburn, Victoria  
P.O. Box 21, Wedderburn, Vic 3518  
Telephone: (03) 5494 1200 Facsimile: (03) 5494 3003  
Email: [loddon@loddon.vic.gov.au](mailto:loddon@loddon.vic.gov.au)  
Web: [www.loddon.vic.gov.au](http://www.loddon.vic.gov.au)

Personal information collected by Council is held securely and used solely for municipal purposes as specified in the *Local Government Act 1989*. Council may disclose this information to other organisations if required or permitted by legislation. Should you wish to access or modify this information, please contact Council on (03) 5494 1200 or email [loddon@loddon.vic.gov.au](mailto:loddon@loddon.vic.gov.au)