

Student Details

Student First Name: _____ Student Last Name: _____

Other Legal Names (if applicable): _____

Sex: Male Female

Date of Birth: ___ / ___ / ___

Address: _____

Medicare No:

Non-Aboriginal Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander

School: _____ Class/Year: _____

Allergies: No Yes - list _____

Pre-Vaccination Checklist

Your consent is required before your child can be immunised at school. Your child should not be immunised if any of the following apply:

- They are known to have had a severe reaction to any vaccine or part of a vaccine
- They have a fever of 38.5°C or above on the day of immunisation
- They are taking medication or have a disease which lowers immunity (for example leukaemia or cancer)
- They recently received a blood transfusion
- They are pregnant or could be pregnant.

Consent for Vaccination - For Parent / Guardian to complete

I consent for my child to receive the **Varicella (chickenpox) vaccine** and the information being recorded*. *Tick one box only.*



YES

NO

Parent / Guardian Name: _____ Daytime phone contact: _____

Email: _____

Parent / Guardian Signature: _____ Date: _____

Privacy Information

*The information on this form will be recorded on the NT Immunisation Register and later transferred to the Australian Immunisation Register (AIR). Inclusion on these registers is voluntary. All personal information collected by the NT Department of Health will be handled in accordance with the *Information Act* and the Department's Privacy Policy. Personal information disclosed to AIR is subject to the *Privacy Act* (Commonwealth).

For further information on privacy laws, visit www.health.nt.gov.au/Agency/Freedom_of_Information_and_Privacy

Office use only

Vaccine Dose	Date Given	Batch Number	Site		Vaccinator Name
Varicella # 1			Left	Right	
Varicella # 2			Left	Right	

Reason not vaccinated: Absent Refused Unwell No consent Other _____