

REPAYMENT DECLARATION – GENERAL PRACTICES**DISCHARGE OF REPAYMENT OBLIGATION FOLLOWING PAYMENT BY QUEENSLAND HEALTH FOR STANDARD DOSE INFLUENZA VACCINES PRIVATELY PURCHASED STOCK ON HAND (the ‘Declaration’)**

Please note that this Declaration relates to standard dose influenza vaccines for which the Vaccine Provider has previously received payment from Queensland Health for stock on hand privately purchased by the Vaccine Provider. No similar declaration is required for Flu Zone High Dose influenza vaccine.

I _____ [insert full name], in the position/role of
 _____ [position/role] with
 _____ [company/business]
 ABN _____ (the ‘Vaccine Provider’) certify that:

- (a) my position/role with the above company/business enables me to know the facts contained in this Declaration;
- (b) I know, and believe to be true and correct, the facts contained in this Declaration; and
- (c) I am authorised to bind the Vaccine Provider to the terms set out in this Declaration.

This Declaration relates to **standard dose** influenza vaccines held in the Vaccine Provider’s stock that were proposed to be administered by the Vaccine Provider to individuals as part, and under the terms, of Queensland Health’s 2022 Flu Vaccination Blitz between the period from, and including, 24 May 2022 up to, and including, 17 July 2022 (each a ‘**Claimed Vaccine**’) and to which the following apply:

- (i) the Claimed Vaccines:
 1. were paid for by the Vaccine Provider; and
 2. have not been funded through National Immunisation Program; and
 3. have not been, and will not be, claimed through the National Immunisation Program; and
- (ii) the Vaccine Provider received from Queensland Health payment as part of as part, and under the terms, of Queensland Health’s 2022 Flu Vaccination Blitz.

This Declaration is for the purpose of the Vaccine Provider discharging its obligation to repay to Queensland Health the amount of \$21.95 (excluding GST) for each Claimed Vaccine that has **NOT** been administered as part of Queensland Health’s 2022 Flu Vaccination Blitz (the ‘**Repayment Obligation**’).

By this Declaration, I certify that:

- (A) the Vaccine Provider received from Queensland Health payment in the amount of \$ _____ [insert amount] for _____ [insert number of influenza vaccines] number of Claimed Vaccines; and
- (B) of the Claimed Vaccines for which the Vaccine Provider received the above payment, _____ [insert number of influenza vaccines] number of Claimed Vaccines were **NOT** administered to individuals by the Vaccine Provider between the period from, and including, 24 May 2022 up to, and including, 17 July 2022; and
- (C) to discharge its Repayment Obligation, the Vaccine Provider will pay to Queensland Health the amount of \$ _____ [insert amount] by no later than 10 business days of the date of this Declaration; and
- (D) to enable Queensland Health to validate discharge of the Vaccine Provider’s Repayment Obligation, the Vaccine Provider’s Australian Immunisation Register (AIR) number is _____ [insert Vaccine Provider’s AIR number].

On behalf of the Vaccine Provider, I acknowledge and agree:

1. that Queensland Health may request further information in relation to this Declaration for verification and auditing purposes; and
2. that the Vaccine Provider will promptly provide this information upon request; and
3. that Queensland Health may also verify the correctness of the information in this Declaration in other ways, including accessing immunisation registers and requesting/obtaining information from suppliers/vaccine recipients; and
4. to the terms specified in this Request.

_____ [Signature]

_____ [Date]