

Catch-up request form

All information must be completed separately for each child before this request to be processed

Name of practice	Phone	Fax
Print name of nurse	Date / /	Total no. of pages

Person's/child's details – Please print clearly

First name	Surname
Address	Gender F <input type="checkbox"/> M <input type="checkbox"/>
DOB / /	Medicare number
Aboriginal or Torres Strait Islander origins or descent Y <input type="checkbox"/> N <input type="checkbox"/>	
Groups with special risk factors <input type="checkbox"/> Premature <28 wks <input type="checkbox"/> Premature <32 wks <input type="checkbox"/> Low birth weight <2000g	

AIR enhancements to assist providers –

- Additional vaccines required – To use this function requires parent/guardian approval
- Planned catch up – Tick this box if the child is on a catch up plan (Note 6 month once off use)

Catch up request up to 20 years of age

Ensure all available vaccination history is recorded on AIR prior to sending catch up request.

Provide additional vaccination history that is not on AIR with this request

DO NOT SEND AIR RECORD TO PHU

Please provide year level if at school (circle) Yr 7 Yr 8 Yr 9 Yr 10 Yr 11 Yr 12

Children vaccinated overseas

IMPORTANT – The vaccination history needs to be legible with English language vaccine descriptions

Country of origin where vaccinations were given _____

Ensure overseas history is attached

Send all request to: fax – 5202 9889 email – SCPHU-IMMS@health.qld.gov.au

Version 1 19/11/2020

Office
Dalton Dr
Maroochydore 4558

Postal
PO Box 577
Maroochydore 4558

Phone
1300 017 190

Fax
5202 9889