Practice Name

Practice Address

dd/mm/yyyy

To whom it may concern

**RE: Immunisation status of** **insert child's name,** **date of birth,** **full address**

This is to certify I am a recognised immunisation provider and I have reviewed the immunisation status of the child named above, as outlined in the National Immunisation Program Schedule Queensland.

This child’s immunisation status is **up to date**.(Select from drop down options).

Please note, ‘up to date’ includes children who are:

* age appropriately immunised according to the National Immunisation Program (NIP) Schedule Queensland;
* children who have a medical contraindication to a vaccine or vaccines but who are otherwise age appropriately immunised according to the NIP Schedule Queensland; and
* children who are on an immunisation catch-up schedule.

If you have any questions, please feel free to contact me at insert contact details.

Yours faithfully,

Insert full name and sign above

Insert medicare provider number or AIR registration details