

Australian Immunisation Register immunisation history form (IM013)

When to use this form

Use this form when the Australian Immunisation Register (AIR) does not have the complete immunisation history for an individual and another vaccination provider performed the service.

You can record an individual's immunisation history online through the AIR site or your practice management software (PMS), instead of using this form.

Proof of immunisation

Obtain proof of immunisation before completing Part B of this form and the declaration at Part C (such as written documentation or confirmation from the last vaccination provider).

Immunisation history

Part A - Individual's details

- Record the personal details of the individual.
- Check the individual's immunisation history on the AIR** using Health Professional Online Services (HPOS), the AIR site, or by phoning the enquiry line on **1800 653 809**.
Call charges may apply.

Part B - Immunisation details

- Under the *Australian Immunisation Register Act 2015*, it is mandatory to report National Immunisation Program (NIP), COVID-19, influenza and Japanese encephalitis virus vaccines administered in Australia to the AIR. This includes reporting the vaccine batch number.

List the vaccine batch number in the Batch column. If the vaccine was administered overseas and the Batch number is not available, please enter 'not recorded' in the field.

- The AIR only records immunisations given on or after 1 January 1996.
- The **Age** column is the recommended age at which a vaccine is administered.
- If you do not know the vaccine brand name, you can write the generic term in the **Other (specify)** section (for example, DTPa instead of Infanrix).
- If the individual has received a vaccination for an antigen not shown on the form, write the vaccine brand name or antigen in the **Other (specify)** section.

Immunisations given overseas

- It is a requirement for the generation of the International COVID-19 Vaccination Certificate to display the country of administration. If any COVID-19 immunisations were given to the individual while overseas, it is recommended that you report the country of administration to enable the individual to access the certificate.
- Write the generic vaccine term in the **Other (specify)** section if you do not know the vaccine brand name, or if it has not been in use in Australia (for example, DTP for a diphtheria, tetanus and pertussis vaccine, as the vaccine term is well known).

Part C - Vaccine provider's details and declaration

- A recognised vaccination provider must complete Part C, for example, general practitioners, councils or health services.
- Supply your Medicare provider number (for medical practitioners) or AIR registration number (for other vaccination providers) in the space provided.

For more information

Go to servicesaustralia.gov.au/hpair

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Part A - Individual's details

1 Medicare card number
 Ref no.

or
Individual Healthcare Identifier (if known)
8 0 0 3 6 0

2 Family name

First given name

Second given name

3 Postal address

 Postcode

4 Date of birth (DD MM YYYY)

5 Gender
Male
Female



MCA01M013 2308

Part B – Immunisation details – Only immunisations that are not already recorded on the AIR need to be included on this form.

The AIR only records immunisations given on or after 1 January 1996.

Age	Vaccines given (mark with an X)	Batch number	Date of immunisation	If given overseas
Birth	Engerix B <input type="checkbox"/> H-B-VAX II <input type="checkbox"/>		/ /	<input type="checkbox"/>
2 months	Infanrix hexa <input type="checkbox"/> Vaxelis <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Oral Polio <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Prevenar 13 <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Rotarix <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
4 months	Infanrix hexa <input type="checkbox"/> Vaxelis <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Oral Polio <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Prevenar 13 <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Rotarix <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
6 months	Infanrix hexa <input type="checkbox"/> Vaxelis <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Oral Polio <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
12 months	M-M-R II <input type="checkbox"/> Priorix <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Nimenrix <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Prevenar 13 <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
18 months	Priorix-Tetra <input type="checkbox"/> ProQuad <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Tripacel <input type="checkbox"/> Infanrix <input type="checkbox"/>		/ /	<input type="checkbox"/>
	ActHIB <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
4 years	Infanrix IPV <input type="checkbox"/> Quadracel <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Oral Polio <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
Adolescent 12-16 yrs	Gardasil 9 <input type="checkbox"/> Boostrix <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Nimenrix <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
Adult 70 yrs+	Prevenar 13 <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Zostavax <input type="checkbox"/>		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>
	Other (specify)		/ /	<input type="checkbox"/>

Part B – continued

Vaccines given		Batch/lot number	Date of immunisation	Country of administration if given overseas
COVID-19	Vaccine name:		/ /	
	Serial number:			
	Vaccine name:		/ /	
	Serial number:			
	Vaccine name:		/ /	
	Serial number:			

Vaccines given		Batch/lot number	Date of immunisation	If given overseas
Influenza	Vaccine name:		/ /	<input type="checkbox"/>
	Serial number:			
Japanese encephalitis virus	Vaccine name:		/ /	<input type="checkbox"/>
	Serial number:			
Other	Vaccine name:		/ /	<input type="checkbox"/>
	Serial number:			
Planned catch up for overdue vaccines	<p>Only one catch up schedule can ever be recorded per individual. A follow up is required to make sure individuals return for the planned vaccination. This question may be used to support serological testing for natural immunity or if additional vaccines need to be ordered. A follow up is not required if:</p> <ul style="list-style-type: none"> • you have vaccinated the individual and they are no longer overdue for any vaccines, or • you feel the parent/guardian does not intend to vaccinate the individual. <p>If you have organised to commence the individual on a catch up schedule for any overdue vaccines you were unable to administer today, tick this box. <input type="checkbox"/></p>			

Part C – Vaccination provider’s details and declaration

Privacy and your personal information

6 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Vaccination provider’s details and declaration

7 I certify that:

- the information I have provided in this form is true and correct.
- I have obtained proof of the vaccination(s) given.
- I have read the privacy notice at question 6 to the individual named at part A.

I understand that:

- giving false or misleading information is a serious offence.

I have read, understood and agree to the above.

Medicare Provider number or AIR Registration number

Provider’s full name

Date (DD MM YYYY)

Returning this form

Return the completed form online using your PRODA account and the Form upload function in Health Professional Online Services (HPOS). For more information, go to servicesaustralia.gov.au/hpos