

Direct Contact Details

Phone: (02) 4924 6499 Wallsend Fax: (02) 4924 6490
 Email: phenquiries@hnehealth.nsw.gov.au

Request for Student Vaccination Record Form

Completion of this written request is necessary to meet the requirements of NSW Health Records and Information Privacy Act and NSW Health Adolescent Vaccination Program Protocols

A charge of \$30.00 applies for the retrieval of these school vaccination records. Once payment is received your request will be processed within 14 days. All students were given a 'Record of Vaccination' card when vaccinated. Please check if you have this record card before sending your request. Payment is preferred by cheque/money order or credit card.

- **Complete the information below including name and address details.**
- For cheque/money order or credit card: mail or fax this form to the address below
- For cash payments – attend a cashier facility quote reference code: 471100-550390-3001 and forward the receipt along with the completed form to the address below.

Please complete the following details:

| | |
|---|--|
| Student's surname | |
| Student's given name | |
| Student's Date of Birth | |
| School/s attended from 2003-2008 (list for each year if changed) | |
| School grade your child was in during 2003 (eg Year 8) | |
| Address for record to be sent (either post address, fax no. email address) | |
| Phone contact number | |

Vaccination records requested (please tick records required)

| Vaccine | Required (✓) |
|-------------------------------------|--------------------------|
| Meningococcal C | <input type="checkbox"/> |
| Diphtheria/tetanus/pertussis (dTpa) | <input type="checkbox"/> |
| Hepatitis B | <input type="checkbox"/> |
| Varicella (chickenpox) | <input type="checkbox"/> |
| Human Papillomavirus Virus (HPV) | <input type="checkbox"/> |

Requested by: Parent/Guardian/GP (Please circle)

Name: _____

Signature: _____

Date: _____

Tax Invoice

This document will be a tax invoice for GST purposes when you make payment.

CHEQUE or MONEY ORDER made payable to **Hunter New England Area Health Service**

PAY BY CREDIT CARD (please tick)

VISA MASTERCARD BANKCARD

| |
|-------------------------|
| Card Number: _____ |
| Expiry Date: __/__/____ |
| Name on card: _____ |
| Signature: _____ |

Hunter New England Area Health Service
Hunter New England Population Health
 ABN 24 500 842 605
 Attention: Adolescent Vaccination Program
 Locked Bag 10
 Wallsend NSW 2287
 Phone (02) 4924 6499 Fax (02) 4924 6490
 Email: phenquiries@hnehealth.nsw.gov.au
 www.hnehealth.nsw.gov.au/hnep

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Please note: HNE Population Health only has access to the following school vaccination records for Hunter New England region schools:

| YEAR | VACCINE/S | OFFERED TO: |
|-------------|--|---------------------------------------|
| 2003/04 | Meningococcal C | All primary and high school students |
| 2004 | Diphtheria/tetanus/pertussis (whooping cough) (dTpa) | All year 7 to year 12 students |
| 2004 | Hepatitis B | Year 7 only |
| 2005 | Diphtheria/tetanus/pertussis (whooping cough) (dTpa) | Year 7 only |
| 2006 | Hepatitis B & Varicella (chickenpox) | Year 7 only |
| 2007 | Human Papillomavirus Virus (HPV) | Yrs 10, 11 & 12 female students only |
| 2007 | Hepatitis B & Varicella (chickenpox) | Year 7 only |
| 2008 | Human Papillomavirus Virus (HPV) | Yrs 7, 8, 9 & 10 female students only |
| 2008 | Hepatitis B & Varicella (chickenpox) | Year 7 only |
| 2009 | Human Papillomavirus Virus (HPV) | Year 7 female students only |
| 2009 | Hepatitis B & Varicella (chickenpox) | Year 7 only |