

## Application for immunisation records

The Council's Community Services Department can provide immunisation records for individuals who have been immunised through a Loddon Shire Council immunisation service. The Council is not able to provide records of immunisations given by doctors or other providers.

For children under the age of fourteen (14) years, immunisation records are available by contacting the Australian Childhood Immunisation Register (ACIR) on:

Phone: 1800 653 809

Email: acir@humanservices.gov.au

Web: https://www.servicesaustralia.gov.au/australian-immunisation-register

Immunisation record required for				
Surname:				
Please list surname at the time of immunisation or first name that will assist with our search.	any changes that may have occurred to your			
First name:	Date of birth:			
Address:				
Phone number (BH)	Mobile:			
Email address:				
Further information to assist in locating your imm	unisation record			
Do you have your baby immunisation book?	□ No			
If Yes, to assist with our search, please attach a cop	y of all your immunisation records from the back of the			
Primary & Secondary Schools attended	Years attended			
1.				
2.				
3.				
Person applying for record				
☐ It is my own records I am applying for (personal	ıl details specified above)			
☐ I am applying for another individuals records (p	please complete personal details below)			



Web: www.loddon.vic.gov.au

## Application for immunisation records

Surname:	First name:					
Postal address:			<del></del>			
Phone nun	nber (BH):		Mobile:			
Email addr	ess:					
Applicant's	relationship to the above me	entioned:				
☐ Parent	☐ Guardian	Other (please specify)				
Applicants	s signature					
Signature:	gnature: Date:					
(If immunisation records are required for a person over the age of 18 years, they must sign here).						
Retrieval	of records					
	ow <b>ten (10) working days</b> from	•		etrieval of records. Once records are		
For any information regarding immunisation please contact Council's Community Services Department on 5494 1200						
Lodgemer	nt details					
Please lod	ge this completed application	n by using o	one of the following	g options:		
Mail:	Loddon Shire Council Community Services Depa PO Box 21 WEDDERBURN VIC 351		In person at Councils Office:	37- 41 High Street WEDDERBURN VIC 3518		
Fax:	03 5494 3003		Email:	earlyyears@loddon.vic.gov.au		
Office Use	Only					
Date applica	ation received:					
Date immur	nisation record sent:					
Signed Earl	y Years Coordinator:					
Signed Imm Administrate	nunisation Nurse/ pr:					
P.O. Box 21, Telephone: (0 Email: loddor	e Council et, Wedderburn, Victoria Wedderburn, Vic 3518 03) 5494 1200 Facsimile: (03) 5494 n@loddon.vic.gov.au	4 3003	solely for municipal p Act 1989. Council ma	collected by Council is held securely and used ourposes as specified in the <i>Local Government</i> ay disclose this information to other red or permitted by legislation. Should you wish		

Page 2 of 2

to access or modify this information, please contact Council on (03)

5494 1200 or email loddon@loddon.vic.gov.au