

Is this person on a Catch-Up schedule? **YES** **NO**

If yes, Catch-Up #: _____ Reason: _____

Catch up vaccines required	Office Use Only (DOSE- please circle)		
<input type="checkbox"/> Adacel® or Boostrix® (Diphtheria, Tetanus, Pertussis)	1	2	3
<input type="checkbox"/> EngerixB® or HB Vax II® (Hepatitis B) <small>(2 doses of Adult can be given if 11yrs to <15yrs)</small> Please Tick Dose <input type="checkbox"/> Adult OR <input type="checkbox"/> Paediatric	1	2	3
<input type="checkbox"/> Gardasil 9® (Human Papilloma Virus) <small>(3 doses required if >15yrs)</small>	1	2	3
<input type="checkbox"/> IPOL® (Inactivated Polio)	1	2	3
<input type="checkbox"/> Menactra® (Meningococcal A,C,W,Y)	1	2	
<input type="checkbox"/> Priorix® or MMR II® (Measles, Mumps & Rubella)	1	2	
<input type="checkbox"/> PriorixTetra® (Measles, Mumps, Rubella & Varicella) <small>(only for children <14yrs)</small>	2		
<input type="checkbox"/> Varivax® or Varilrix® (Varicella) <small>(2 doses required if >14yrs)</small>	1	2	

School Program Catch-Up Vaccines <small>(Student who are home schooled are also eligible)</small>	Office Use Only (DOSE- please circle)		
<input type="checkbox"/> Boostrix® (Diphtheria, Tetanus, Pertussis) <small>Tick if student is in grade 7 or 8</small>	5		
<input type="checkbox"/> Gardasil 9® (Human Papilloma Virus) <small>Tick if student is in grade 7 or 8</small> <small>(3 doses required if >15yrs)</small>	1	2	3
<input type="checkbox"/> Menactra® (Meningococcal A,C,W,Y) <small>Tick if student is in grade 10 or 11</small>	2		

Other Vaccines Required	Office Use Only (DOSE- please circle)		
<input type="checkbox"/> FluarixTetra® or FluQuadri® or AfluriaQuad®	1		<input type="checkbox"/> PAID <input type="checkbox"/> FREE
<input type="checkbox"/> Avaxim® or Vaqta® (Hepatitis A – For Purchase or Staff)	1	2	

Other: _____

Office Use Only			
<i>The person being vaccinated, the parent/legal guardian or the authorised person of the child to be vaccinated:</i>			
• Was given the opportunity to discuss the risks and benefits of the vaccination.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Is the person being vaccinated signing for themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
○ If yes, are they >18yrs	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Record below)	

Nurse Name & Signature: _____ Date: _____