

## IMMUNISATION RECORDS REQUEST FORM

Council holds records of vaccinations administered by Council's immunisation program and can provide authorised parties with an immunisation record. Due to privacy laws, requests to supply immunisation records must be in writing accompanied by certified identification.

Parents can obtain immunisation records for their child if the child is under 18 years old at the time of the request.

To obtain immunisation records you must be:

- requesting your own records
- for a child's immunisation records - a parent or legal guardian with custody of the child
- an agent for a third party – an agent with written authorisation to request the records

**Please note:** Council can only supply records for vaccines administered after 1998. Our standard processing time is 14 business days. For further information please contact Council's Immunisation Services on 07 3412 3412.

### 1. APPLICANT'S DETAILS

|                 |  |
|-----------------|--|
| Full Name       |  |
| Date of Birth   |  |
| Current address |  |
| Phone number    |  |
| Email address   |  |

### 2. APPLICATION DETAILS

|   |                             |
|---|-----------------------------|
| <b>Are you seeking access to information on someone's behalf (including a child's information)?</b>         |                             |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| <b>If Yes, you must complete the below for the person whose records are being requested.</b>                |                             |
| Given names   | Family name                 |
|   |                             |
| Date of Birth   |                             |
| Current address   |                             |
| Phone number  |                             |
| School and years attended   |                             |
| <b>I confirm that I have current legal guardianship of the child named above</b>                            |                             |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| <b>If no, you must complete section 6. AUTHORITY TO RELEASE TO A THIRD PARTY</b>                            |                             |
| <b>I confirm that there are no adverse parenting orders against me in relation to the child named above</b> |                             |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No |

### 3. REASON FOR APPLICATION

|   |  |
|---|--|
| <b>I wish to obtain the immunisation record for the following purpose</b> |  |
| <input type="checkbox"/> Centrelink / Medicare                            | <input type="checkbox"/> Department of Education |
| <input type="checkbox"/> University Application                           |  |
| <input type="checkbox"/> Other:   |  |

## 4. EVIDENCE OF IDENTITY

As immunisation records contain personal information of a sensitive nature, you must provide evidence of your identity with this application. If you are acting as an agent and are seeking documents on someone else's behalf, both parties must provide evidence of their identities. No records will be supplied unless evidence of identity is supplied.

**Note:** Documents that provide sufficient evidence of identity include a current driver's licence, identifying page of a current passport, birth certificate, statutory declaration of an individual who has known the applicant for at least one year. A certified copy may be provided.

I have attached a certified copy of evidence of identity, or I will attend a Logan City Council customer service centre to show the original of my evidence of identity

|  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No |
| <input type="checkbox"/> I will attend a customer service centre |                             |

## 5. PREFERRED ACCESS TYPE

How would you like to receive the immunisation records?

|   |  |
|---|--|
| <input type="checkbox"/> Document to be emailed | <input type="checkbox"/> Document to be sent via express / registered mail |
|---|--|

## 6. AUTHORITY TO RELEASE TO A THIRD PARTY

If you require Logan City Council to release a child's immunisation records to a third party, you **MUST** complete the following written authorisation, and you will need to return the original of this form in person to a customer service centre. If I cannot attach any required copies of documents, I will provide them to the agency within **10 business days** of making this application.

I \_\_\_\_\_ (your full name) certify that I am the parent and/or current legal guardian of \_\_\_\_\_ (full name of child) and I hereby authorise Logan City Council to release that child's immunisation records to \_\_\_\_\_ (other party)

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

## 7. SUBMIT APPLICATION

You may submit your application electronically unless you are authorising release of records to a third party. If you have filled in section 5 above, you **MUST** take this form to a customer service centre.

Otherwise, you may:

- email your completed application along with the identity documents to [immunisation@logan.qld.gov.au](mailto:immunisation@logan.qld.gov.au)
- take your completed application and your identity documents to one of Council's customer service centres at:

Administration Centre - 150 Wembley Road, Logan Central

Beenleigh Customer Service Centre - 105 George Street, Beenleigh

Jimboomba Customer Service Centre - 18-22 Honora Street, Jimboomba

**PUSH HERE TO EMAIL COMPLETED FORM (where Section 5 is not completed)**