



NSW
GOVERNMENT | Health

ABORIGINAL MEDICAL SERVICE VACCINE ORDER FORM

Fax to 1800 041 528

Enquiries regarding orders/dispatch: **1300 656 132**

PROVIDER DETAILS

Date:	Number of GPs in practice:	Vaccine Account <u>Number</u>
Practice Name:		
Delivery Address:		Opening Hours (for delivery):
Phone: Fax:	Person ordering vaccine:	

COLD CHAIN DECLARATION – Please complete to ensure your order is processed

Is the vaccine fridge monitored with a Min/Max thermometer? Y N
 How often is the temperature recorded? _____

Has the vaccine fridge temperature been between +2 to +8°C since the last vaccine order?
 (Excludes excursions up to +12°C for less than 15 minutes when opening fridge) Y N

In order to receive free Australian Government vaccines, I agree that this facility will comply with cold chain recommendations in the *National vaccine storage guidelines: Strive for 5.*

GP/Practice Manager (print):

Signature:

VACCINE	ELIGIBILITY	DOSES TO BE SUPPLIED
Boostrix	<i>New parents, grandparents and carers of infants less than 12 months of age</i>	
Gardasil	<i>Females currently in Year 7 only</i>	
Hepatitis B (paediatric)		
Hepatitis B (adult)		
Hiberix		
Infanrix hexa		
Infanrix IPV		
Influenza	<i>Aboriginal people aged 15 and older & all people aged 6 months to 64 years with chronic illness# Pregnant women</i>	
IPOL		
Meningitec		
Pneumovax 23	<i>Aboriginal people aged 50 years or older & those aged 15-49 years with chronic illness*</i>	
Prevenar 13		
Priorix		
Rotarix (ORAL vaccine)		
Varilrix		

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see the *Australian Immunisation Handbook*, p.190-191

* see the *Australian Immunisation Handbook*, p.246