

# REQUEST FOR STUDENT VACCINATION RECORDS

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.

**Please note:** *The North Coast Public Health Unit only has access to the following school vaccination records for North Coast regional high schools.*

A charge of \$33.00 (including GST) applies for the retrieval of school vaccination records and copy of actual 'Record of Vaccination' consent form. Once payment is received your request will be processed within 14 days. All students were given a 'Record of Vaccination' card when vaccinated. Check if you have this record card before sending your request. Payment is preferred by cheque or money order (cheques or money orders should be made payable to **Mid North Coast Local Health District**).

Mail, fax or e-mail this form, marked attention to the **Assistant to Director Public Health** on fax: 02 6588 2837, mail to PO Box 126, Port Macquarie NSW 2444 or e-mail: [NCPHUAdmin@ncahs.health.nsw.gov.au](mailto:NCPHUAdmin@ncahs.health.nsw.gov.au)

If you only require a print out from our database of your vaccinations (not copy of the **actual** 'Record of Vaccination' consent form, then the \$33.00 fee will NOT be charged). Please mark your preferred proof of vaccination:

- I require a copy of the actual 'Record of Vaccination' consent/record form (\$33.00 fee applies)
- I require a copy of print out only of vaccinations from the North Coast Public Health database (no fee is applied)

**Complete the information below:**

**Student Details:**

Student's Surname	
Student's Given Name/s:	
Student's Date of Birth:	
Home Address:	

In 2003, what grade was student in (if applicable)?	
In 2003, what school did student attend?	
List School(s) student attended from 2003 to 2017 <b>(list school for each year if changed)</b>	
Current grade at school (or year & grade finished)	

**Person Requesting Records Details:**

Requesting person's name:	
Your relationship to student:	Parent <input type="checkbox"/> /Guardian <input type="checkbox"/> /GP <input type="checkbox"/> /Self <input type="checkbox"/> /Other (specify)
If GP or Nurse, please indicate medical centre name:	
Your phone contact number:	
Address for records to be sent (either post address, fax number or email address)	
Date you need records by (if applicable)	
Your Signature:	Date signed:

**Vaccination records requested (please tick records required):**

VACCINE/S:	
<input type="checkbox"/>	Meningococcal C
<input type="checkbox"/>	Boostrix (dTpa) – Diphtheria/Tetanus/Pertussis (Whooping Cough)
<input type="checkbox"/>	Hepatitis B
<input type="checkbox"/>	Varicella (Chicken Pox)
<input type="checkbox"/>	Human Papillomavirus (HPV)

**OFFICE USE ONLY – Version: June 2018**

Date received	Name staff member providing records	Date records sent	Records sent via

<b>YEAR</b>	<b>VACCINES OFFERED</b>	<b>OFFERED TO</b>
<b>2003/04</b>	Meningococcal C	All primary and high school students
<b>2004</b>	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	All Year 7 to year 12 students
	Hepatitis B	Year 7 students only
<b>2005</b>	Boostrix (dTpa) – Diphtheria/Tetanus/ Pertussis	Year 7 students only
	Hepatitis B	
<b>2006</b>	Hepatitis B	Year 7 students only
	Varicella (chickenpox)	
<b>2007</b>	Human Papillomavirus Virus (HPV)	Years 10, 11 & 12 female students only
	Hepatitis B	Year 7 students only
	Varicella (chickenpox)	
<b>2008</b>	Human Papillomavirus Virus (HPV)	Years 7, 8, 9, & 10 female students only
	Hepatitis B	Year 7 students only
	Varicella (chickenpox)	
<b>2009</b>	Human Papillomavirus Virus (HPV)	Year 7 female students only
	Hepatitis B	Year 7 students only
	Varicella (chickenpox)	
	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	Year 10 students only
<b>2010</b>	Human Papillomavirus Virus (HPV)	Year 7 only female students only
	Hepatitis B	Year 7 students only
	Varicella (chickenpox)	
	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	Year 7 & 10 students only
<b>2011</b>	Human Papillomavirus Virus (HPV)	Year 7 only female students only
	Hepatitis B	Year 7 students only
	Varicella (chickenpox)	
	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	Year 7 & 10 students only
<b>2012</b>	Human Papillomavirus Virus (HPV)	Year 7 only female students only
	Hepatitis B	Year 7 only
	Varicella (chickenpox)	
	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	Year 7 & 10 students
<b>2013</b>	Human Papillomavirus Virus (HPV)	Year 7 only (male and female students)
	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	
	Hepatitis B	
	Varicella (chickenpox)	
	Human Papillomavirus Virus (HPV)	Year 9 male students only
<b>2014</b>	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	Year 7 only (male and female students)
	Varicella (chickenpox)	
	Human Papillomavirus Virus (HPV)	Year 9 male students only
<b>2015</b>	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	Year 7 only (male and female students)
	Varicella (chickenpox)	
	Human Papillomavirus Virus (HPV)	
	Measles, Mumps and Rubella (MMR)	Year 11 and 12 (males and female students)
<b>2016</b>	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	Year 7 only (male and female students)
	Varicella (chickenpox)	
	Human Papillomavirus Virus (HPV)	
<b>2017</b>	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	Year 7 only (male and female students)
	Varicella (chickenpox)	
	Human Papillomavirus Virus (HPV)	
	Meningococcal ACWY	Year 11 and 12 only (male and female students)
<b>2018</b>	Boostrix (dTpa) - Diphtheria/Tetanus/Pertussis	Year 7 only (male and female students)
	Varicella (chickenpox)	
	Human Papillomavirus Virus (HPV)	
	Meningococcal ACWY	Year 10 and 11 only (male and female students)