Government of **Western Australia**
Department of **Health**

Request for immunisation support from the Department of Health

Please complete this form if you would like assistance in meeting immunisation requirements for your child's enrolment.

Please print in BLOCK LETTERS

Parent/carer full name:	
☐ I understand my child's information will be provided to the Department of Health. ☐ I understand I will be contacted by the Department of Health to discuss my child's immunisation status.	
Please select from the following options: ☐ I'm unsure about my child's immunisation status. ☐ I need help accessing my child's AIR Immunisation History Statement. ☐ I consent to the Department of Health providing a copy of my child's AIR Immunisation History Statement directly to the child care/school. ☐ I'd like more information about immunisation.	
Child's name:	
Child's date of birth:	
Child's Medicare number:	**Reference number:**
Residential address:	
Phone:	
Email:	
Parent/carer signature:	**Date:**

School use only:

Scan and send this form to: immunisation@health.wa.gov.au

Principal or delegate signature:	**Date:**
School name: St Cecilia's Catholic Primary School - Port Hedland	
School contact email: admin@stcecilia.wa.edu.au	

Produced by the Communicable Disease Control Directorate © Department of Health 2021

CDC-014115 DEC'21