

# Immunisation record

To be completed by doctor or nurse.

Child's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Medicare number \_\_\_\_\_

Age	Immunisation	Site	Batch number	Date given	Next due	Provider signature / stamp
Birth (0-7 days)	Hepatitis B	LL/RL	Hep B	12/04/24	4-6wks	<i>[Signature]</i>
6 weeks	Diphtheria, Tetanus, Pertussis, <i>Haemophilus influenzae</i> type b (Hib), Hepatitis B, Polio	LL/RL	Vaxelis™ Lot: C22021 EXP: 11-2025	<i>[Signature]</i>	11/5/24	EASTERN HEALTH AUTHORITY 28 MAY 2024
	Pneumococcal (13vPCV)	LL/RL	AR0LD949CB Rotarix	<i>[Signature]</i>		<i>[Signature]</i> Rebecca Cormier RN Eastern Health Authority
	Rotavirus	Oral	BEXSERO Lot: ABXD93AC EXP: 07/2026			
4 months	Meningococcal B	LL/RL				
	Diphtheria, Tetanus, Pertussis, <i>Haemophilus influenzae</i> type b (Hib), Hepatitis B, Polio	LL/RL	Vaxelis™ Lot: C22021 EXP: 11-2025			EASTERN HEALTH AUTHORITY 15 AUG 2024
	Pneumococcal (13vPCV)	LL/RL	AR0LD949CB Rotarix			<i>[Signature]</i> Rebecca Haysman RN Eastern Health Authority
	Rotavirus	Oral	BEXSERO Lot: ABXE20AC EXP: 09-2027			<i>[Signature]</i> 21008
	Meningococcal B	LL/RL				

