GP/PRACTICE NURSE CATCH –UP VACCINATION PLAN

Practice Name: _____

Contact: _____ **Phone:**_____

Email: _____

Instructions: **Please use this form in conjunction with the catch-up table & complete the catch-up schedule below. This is checked and returned to practice within 7 working days.**

Catch up plan is valid for 6 months only from the date below

Send form via email:

SWSLHD-LiverpoolPHU-Catchup@health.nsw.gov.au

NSW GOVERNMENT Health South Western Sydney Local Health District

PATIENT'S NAME: _____ **DOB:**____/____/___ **AGE** _____ **MEDICARE NO:**_____( )

Aboriginal & Torres Straits Islander ☐ tick box if applicable

Vaccination Dates	Vaccines completed (include dates given in left column)	Antigens	Number of doses			CATCH-UP PLAN (Note: Minimal interval for dTPA doses 3 & 4 and 4 & 5 is 6 months)
			Due at current age	Previously given	Required further	
	Birth HepB (Hepatitis B) ☐ **2 MONTHS** Infanrix Hexa - Diphtheria/Tetanus/pertussis/Polio/Hib/Hep B) ☐ Prevenar 13 (Pneumonoccal) ☐ Rotarix (Rotavirus) ☐ Other: _____ **4 MONTHS** Infanrix Hexa - Diphtheria/Tetanus/pertussis/Polio/Hib/Hep B) ☐ Prevenar 13 (Pneumonoccal) ☐ Rotarix (Rotavirus) ☐ Other: _____ **6 MONTHS** Infanrix Hexa - Diphtheria/Tetanus/pertussis/Polio/Hib/Hep B) ☐ Prevenar 13 (Pneumonoccal) ☐ (AT RISK CHILDREN ONLY) Other: _____ **12 MONTHS** MMR (Measles/Mumps/Rubella) ☐ Nimenrix (Meningococcal ACWY) ☐ Prevenar 13 (Pneumonococcal) ☐ Other: _____ **18 MONTHS** MMRV (Measles/Mumps/Rubella/Varicella) ☐ Infanrix/Tripacel ☐ ACT-Hib (Haemophilus influenza Type B) ☐ Other: _____ **4 YEARS** Infanrix-IPV (Diphtheria/Tetanus/Pertussis/Polio) ☐ Other: _____ **Other:**	**dTpa**				**Visit 1 give:**
		Polio				
		HepB				**Visit 2 (Min…… months later) give:**
		Meningococcal ACWY				
		MMR				**Visit 3 (Min…… months later) give:**
		MMRV				
		Varicella				**Visit 4 (Min…… months later) give:**
		Rotavirus				
		HIB– (not req'd >5 yo)				**Visit 5 (Min…… months later) give:**
		Pneumococcal (not req'd >5 yo)				

OFFICE USE ONLY: Checked by:_____/_____(SWSLHD Immunisation Team) Date:_____/_____/_____

Form Modified on 21 July 2021