

Medical Practitioner Vaccine Administration Order for Practice Nurses to Give S4 Immunisation Schedule Vaccines -Influenza vaccine 6 months of age to < 5 years of age-

*This order is valid for a period of 12 months from the date of the medical officer's authorization. The authority applies to vaccines currently listed in the WA 2010 Immunisation Schedule, either singularly or in combination. This authorization **must** be filed in the patient/persons file. Under section 36B of the Poisons Regulation 1965; Record of supply or administration of substances included in Schedule 4, A record required to be made under regulation (1) must be — (a) kept for at least 2 years from the date on which the substance was supplied or administered; and (b) made available for inspection on request by an authorized officer.*

Name of person: _____

Address of person: _____
 _____ P/C _____

Date of Birth: ____/____/20__

Immunisations to be administered for the primary course of vaccination for the age of 6 months to <5 years, as per the recommended vaccines and dosages in the Australian Immunisation Handbook 9th Edition, 2008.

Please tick to stipulate the vaccines to be administered to the client in the boxes below.

- One dose required of seasonal influenza
 Two doses required of seasonal influenza

The following vaccines should be administered as follows:

| *Age of Child (Please write age of child) | Vaccine | Specific Vaccines to be given | Batch Number | Date Given | Signed |
|--|-----------|---|--------------|------------|--------|
| | Influenza | <input type="checkbox"/> One dose required | | | |
| | Influenza | <input type="checkbox"/> Two doses required 4 weeks apart | | | |
| | Influenza | | | | |

** Children who have had one or no doses of influenza vaccine require Two doses of the vaccine one month apart. Children who have had Two or more doses of influenza vaccine at any time in their lives prior to the current year require One) dose of vaccine annually.*

Name of Medical Practitioner: _____

Address: _____
 _____ P/C _____

Telephone Number: _____

Signature of prescribing doctor: _____

Date of authorization: ____/____/20__

This medical practitioner administration order for practice nurses to give S4 immunisation schedule vaccines can only be used if the practice nurse has completed the Department of Health's Accredited Immunisation Certification Course.