



Department of  
Education

Children enrolling in pre-Kindergarten and Kindergarten must be up to date with all the scheduled immunisations for their age to be able to attend school. You will need to show your child's Australian Immunisation Register (AIR) Immunisation History Statement as proof of immunisation.



# IMMUNISATION SUPPORT FOR YOUR CHILD

It is important to keep your child's immunisation status 'up to date' at all times to provide the best protection against serious, life threatening vaccine-preventable diseases.



## GET AN AIR IMMUNISATION HISTORY STATEMENT

You can get a copy of the statement at any time by:



logging into Medicare online via MyGov ([my.gov.au](http://my.gov.au))



using the Medicare Express Plus app



visiting a Medicare or Centrelink office, or



calling the AIR General Enquiries Line on 1800 653 809 to request an AIR Statement to be posted.



## GET YOUR CHILD IMMUNISED

**Free vaccinations are available from:**

**Central Immunisation Clinic.** West Perth.  
Phone: 9321 1312, 8.30am–4.30pm weekdays

**Your local immunisation provider.**

Contact your GP, community health centre, Aboriginal Medical Service

**Your local public health unit -**

[www.healthywa.wa.gov.au/publichealthunits](http://www.healthywa.wa.gov.au/publichealthunits)

### Need help accessing immunisation services?

If you need help to access immunisation services, fill out the attached consent form and return to your school. The school will pass your information on to the Department of Health who will contact you.

# Request for support from the Department of Health

Please complete this form if you would like assistance in gaining access to local immunisation services. Your information will be given to the Department of Health and they will contact you.

Parent/carer full name:

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- 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.

Child's name:

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Child's date of birth:

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Child's Medicare number:

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Parent Name:

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Residential address:

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Preferred contact details:

Phone:

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Email:

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Parent/carer signature:

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Date:

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**School Use Only:** Scan and send this form to [immunisation@health.wa.gov.au](mailto:immunisation@health.wa.gov.au)  
Information forwarded to the Department of Health

Principal or delegate signature

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Date