

Mantoux test	Tuberculosis BCG

Your next vaccination is due:	
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:

For further information, please speak to your immunisation provider.

New Arrival Refugee Immunisation Program

Vaccination Record

Family Name:	
Given Name:	
Date of Birth:	/ /
Gender:	Male / Female
Phone number:	
Language:	

Vaccine Safety

You can report an adverse event following immunisation to the Immunisation Section on 1300 232 272 or to the provider of the vaccination.

Sensitive (when completed) I1 - A1

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Vaccine	Dose 1	Dose 2	Dose 3	Other
Infanrix hexa or Vaxelis (DTPa-hep B-IPV-Hib)				
Prevenar 13 (13vPCV)				
Rotarix (rotavirus)				
MMR II or Priorix (measles-mumps-rubella)				
Nimenrix (meningococcal ACWY)				
Act-HIB® (<i>Haemophilus influenzae</i> type b)				
Infanrix or Tripacel (DTPa)				
Priorix Tetra or ProQuad (measles-mumps-rubella-varicella)				
Varivax or Varilrix (varicella)				
Infanrix/IPV or Quadracel (DTPa-IPV)				
H-B-Vax II or Engerix-B (hepatitis B paediatric /adult)				
Boostrix or Adacel (dTpa)				
IPV (polio)				
Gardasil 9 (Human papillomavirus)			3 doses if immunocompromised	
ADT Booster (diphtheria-tetanus)				
Bexsero or Trumenba (meningococcal B)				
Other				