ACT Government Health | CANBERRA HOSPITAL AND HEALTH SERVICES

Division of Women Youth & Children
Community Health Programs
School Immunisation Program

URN (Office use only)

Request for School Immunisation Record

Under the *Act Health Records (Privacy and Access) Act 1997, Section 7*

I would like to obtain a copy of my own School Immunisation record.

The following information will allow us to look for your record. (Please Print)

Your name ____ date of birth _______ / ________ / _______

Your home address when you last attended school in the ACT:

____

Name of the school attended when the immunisation was received:

____

I request that the Division of Women Youth & Children Community Health Program release to me a copy of the above mentioned School Immunisation record.

Please indicate how you would like your record to be sent: Email: ☐ Post: ☐ Fax:☐
It is important you understand that information sent by e-mail is unencrypted and contains patient identifiable information. Security of the transmission cannot be guaranteed as it is outside the ACT government network.

Please confirm your email address and or fax number ____

Current postal address ____

Telephone (h) ______________________ (w) ____

I hereby authorise the release of information to me as named on this form.

Print Name: _______________________ Signature: ______________________ Date: ___/____/______

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Date received: Number of pages sent........... Dispatched By: E-mail ☐ fax ☐ post☐ Name: Signature: Date:

If you are unable to return this form by e-mail: CentralASO@act.gov.au please Fax or post to:

Division of Women Youth & Children
Community Health Programs
School Health Team
GPO Box 825
CANBERRA ACT 2601
Fax: 02-6205 1591
Phone: 02-6205 2086