



For office use only

Immunisation provider comments

	Consent		Date given	Batch	Vaccinator	Site: Left arm	Site: Right arm	Record entered in AIR
	Yes	No						
Meningococcal ACWY								

Notes (i.e. Interpreter required, date AIR checked, site at which vaccine is administered...):

Telephone consent: Office use only

Verbal consent for vaccination was given Yes No

Time:..... Date/...../.....

Signature

Signature

Name

Name

Consent provided by (name)

Relationship to child
(e.g. father, mother)

Contact number

Data entry: AIR webPAS CHIS WINVAC MMEX

Comments

Produced by the Communicable Disease Control Directorate
 © Department of Health 2021

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.