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.

**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)
- 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

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.

**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: ________________________________________________________________

☐ 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: _________________________________________________________________

Child’s date of birth: _____________________________________________________________

Child’s Medicare number: _________________________________________________________

Parent Name: _________________________________________________________________

Residential address: _____________________________________________________________

Preferred contact details:
Phone: __________________________ Email: __________________________

Parent/carer signature: __________________________ Date: __________________________

School Use Only: Scan and send this form to immunisation@health.wa.gov.au
Information forwarded to the Department of Health

Principal or delegate signature: __________________________ Date: __________________________