



Immunisation history request

Please ensure all sections of form are completed. Return completed form with payment of \$16.50 to:

Moyne Shire Council
PO Box 51
Port Fairy VIC 3284

Date:

Person making request - if not the individual:

Relationship to nominee:

Please note individuals aged 18 years & over are required to apply independently. Parent/Guardians may only request the immunisation histories on behalf of their children aged over 18 years where verbal or written consent of the person in question has been provided.

Address Details:

Email address:

Telephone number:

Immunisation History

First Name:

Surname:

DOB:

Where available, a written report detailing vaccines administered will be provided. Please allow up to one week, thank you. The personal information requested on this form is being collected by the Council for the purpose of accessing immunisation information. We will not use your personal information for any other purpose without first seeking your consent, unless authorised or required by law.

Payment Options

In person

Payments may be made in person by cash, cheque or EFTPOS at the following Council Offices:

Moyne Shire Council
Princes Street
Port Fairy VIC 3284

Moyne Shire Council
1 Jamieson Avenue
Mortlake VIC 3272

By Mail:

Return the completed form with cheque or credit card payment to:

Moyne Shire Council
PO Box 51
Port Fairy VIC 3284

Please make any cheques payable to Moyne Shire Council or fill out the credit card details below.

By Email: return the completed form via email to moyne@moyne.vic.gov.au

Card Type: Visa/MasterCard

Card Holder Name: _____

Card Number: _____ / _____ / _____ / _____

Expiry Date _____ / _____ **CCV** _____

Payment Amount _____