

Primary School Health Record

Particulars of child

Boy Girl

School: _____

Surname: _____

First name: _____ Preferred name: _____

Postal address: _____

Postcode: _____ Child's date of birth: ____ / ____ / 20 ____ Weight at birth: _____

Country/state of birth: _____

Child's Medicare no: Child's reference no:

Is your child of Aboriginal origin? Yes No

Child's brothers or sisters:

1. Full name: _____ Year of birth: _____

2. Full name: _____ Year of birth: _____

3. Full name: _____ Year of birth: _____

4. Full name: _____ Year of birth: _____

5. Full name: _____ Year of birth: _____

Parent or guardian for contact

Surname: _____ First name: _____

Phone no.: Mobile: _____ Home: _____ Work: _____

Email: _____

Mother's country of birth: _____ Father's country of birth: _____

Main language spoken at home: _____ Interpreter needed? Yes No

Has your child attended another school previously? Yes No

If yes, name/s of previous schools: _____

Immunisation

Australian Childhood Immunisation Register (ACIR)

You are reminded that it is an enrolment requirement that you provide a current copy of your child's ACIR Immunisation History Statement to the school. You can obtain this information by contacting ACIR on 1800 653 809 or email acir@humanservices.gov.au

Has your child had the 4 year old immunisation? Did you know your child can have their 4 year old immunisation from 3 ½ years of age?

24/9/15