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| Immunisation Program: Pre-Exposure Rabies Vaccine Order Form |
| Volunteer Australian Wildlife Handlers only  Acc |

## Account Details

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| **Account Name:­­­­­­­­­­** | | **Account Number:** |
| **Delivery Address:** | | **Date:** |
| **Telephone:** | **Email:** | |

*In order to receive Government funded vaccines, I agree that: (1) this centre complies with the recommended vaccine cold chain storage of 2º–8ºC as stated in the National Vaccine Storage Guideline, Strive for 5: www.immunise.health.gov.au, and (2) in the event of a cold chain breach I will call the Immunisation Program to discuss before discarding any vaccines.*

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| **Signature of authorised person:** | **Print Name:** |

## Patient Details

### Pre-Exposure for volunteer Australian Wildlife Handlers only.

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| --- | --- | --- | --- | --- |
| **Volunteer Organisation Name:­­­­­­­­­­** | | | | |
| **Have previous dose been administered elsewhere?** | | **Yes** | **No** \*please proceed to patient name | |
| **Number of doses:** | **Where were they administered?** | | | |
| **\*Patient Name:** | | | | **Date of Birth:** |
| **Patient Address:** | | | | **Postcode:** |

## Order Details

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| **Description** | **Quantity required** |
| Inactivated rabies vaccine - Australian Wildlife Handlers only |  |

Please allow a MINIMUM of 3 business days for processing and delivery of your vaccine order