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

## 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