



Vaccination notification (single dose only)

The National HPV Vaccination Program Register is fully funded by: Australian Government - Department of Health and Ageing
Operated by: Victorian Cytology Service Inc

Instructions

To notify the National HPV Vaccine Program Register (NHVPR) of a vaccine dose this form needs to be completed and faxed or posted (not email) to the Registry. Copies of this form can be downloaded from www.HPVRegister.org.au and information can be written in by hand or typed.

Please write clearly in BLOCK LETTERS.

Consumer's details

First name _____ Middle name _____
 Surname _____ Previous surname _____
 Date of birth / / Gender Female Male
 Medicare number

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 Medicare reference number (person number on Medicare card)
 Indigenous status (if applicable) Aboriginal Torres Strait Islander Both

Address

Street 1 _____
 Street 2 _____
 Suburb _____ State _____ Postcode _____
 Daytime phone () _____ Mobile () _____

Guardian's/parent's if required

First name _____ Middle name _____ Surname _____
 Guardian's address _____
 Guardian's phone number () _____

Vaccination details

Vaccination date / / Vaccine brand _____ Batch number _____
 Vaccine expiry date _____
 Dose number on this date Dose 1 Dose 2 Dose 3

General Practitioner details

Medicare provider number _____
 First name _____
 Surname _____
 Business name _____
 Phone number () _____

I certify that the information provided on this notification form is correct.

Signature _____ Date / /

To return this form please:

Fax: (03) 8360 8699

For assistance in submitting this form or for inquiries please call 1800 478 734 (1800 HPV REG) or

Visit www.hpvregister.org.au