Government of Western Australia
North Metropolitan Health Service
Mental Health, Public Health and Dental Services

BCG Vaccination Enquiry Form

Please return completed form to Anita Clayton Centre:

Email: accadmin@health.wa.gov.au
Or Fax: (08) 92228501
Or Post to: Anita Clayton Centre, Suite 1/311 Wellington Street, Perth WA 6000

You will receive a telephone call from a clinical nurse within 5-10 working days of receipt of form.

Parent / Guardians Details

Title (Mr/ Mrs / Ms): ______________________

Name: ______________________
First Name Middle Name Last Name

Residential Address: ______________________

Postal address (if different to above) ______________________

Home Tel: ______________________

Mob Tel: ______________________

Email:

Interpreter Required: Please tick No☐ Yes ☐ *Language:* ______________________

Relationship to child: ______________________

Details of Travel

Intended date of Travel: ______________________

Country of where child/children will be travelling to: ______________________

Child 1

Name of Child: ______________________
First Name Middle Name Last Name

Date of Birth: Sex: Please tick Male ☐ Female ☐

Country of Birth: ______________________

Name of hospital:(if born in Australia) ______________________

Medicare Number: Expiry Date: ______________________

Child 2

Name of Child: ______________________
First Name Middle Name Last Name

Date of Birth: Sex: Please tick Male ☐ Female ☐

Country of Birth: ______________________

Name of hospital:(if born in Australia) ______________________

Medicare Number: Expiry Date: ______________________

***For additional children, please open a new form**

26.06.2020