

# Immunisation Program: Pre-Exposure Rabies Vaccine Order Form

Volunteer Australian Wildlife Handlers only

## Account Details

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 2°-8°C as stated in the National Vaccine Storage Guideline, Strive for 5: [www.immunise.health.gov.au](http://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.*

Signature of authorised person:

Print Name:

## Patient Details

Pre-Exposure for volunteer Australian Wildlife Handlers only.

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

| 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