Immunisation record request



When to use this form

Use this form if you would like to request immunisation records for yourself or your child.

We only hold records of immunisations for schools that are within the Hobart municipal area. If you need records outside of our area please contact the Council in which the school is located or contact the clinic that you attended directly.

Immunisation details

The details required to be completed below are for the person who you are requesting the immunisation details about.

I am applying for (Select 1 option) Required myself my child
First name Required
Last name Required
Date of birth Required D M M Y Y Y
Medicare number - needs to be 11 digits including the reference number (the reference number is the number next to your name)

Details will only be released to the person who makes the request directly, or if the person is under 18 years of age, to their lawful guardian/s. In cases where the request is made by a person other than this, documentation may be requested to confirm the relationship.

ea	se select the applicable school or clinic: (Select 1 or more options) Require
	Albuera Street Primary School
	Bruce Hamilton School
	Campbell Street Primary School
	Dora Turner School
	Elizabeth College
	Fahan School
	Goulburn Street Primary School
	Guilford Young College - Hobart Campus Only
	Hobart City Council Clinic
	Hobart College
	Hobart City High School New Town
	Hobart City High School Ogilvie
	Hobart City High
	Immaculate Heart of Mary Primary School
	Lady Rowallan School
	Lambert School
	Lansdowne Crescent Primary School
	Lenah Valley Primary School
	Mount Carmel College
	Mount Nelson Primary School
	Mount Stuart Primary School
	New Town High School
	New Town Primary School
	Ogilvie High School
	Princes Street Primary School
	Sacred Heart College
	Sandy Bay Infant School
	South Hobart Primary School
	St Francis Xavier School
	St Marys College
	St Michaels Collegiate
	St Peters School
	St Virgil's Primary School - Hobart Campus only
	The Friends School
	The Hutchins School
	Trinity Hill School
	Waimea Heights Primary School
	Zoe Community School

What year did you start year 7?	Required
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Personal details

First name Required
Last name Required
Email address
Telephone number Required
Residential address Required (type your address below or select the 'use my current location' button)
Is this your postal address? (Select 1 option) Required
yes
no
Answer this question if you selected 'no' in Personal details > Is this your postal address?
Postal address Required

Preferred contact method (Select 1 option) Required	
email	
telephone	
Australia Post	

Declaration

In making this request: (Select 1 or more options)
I declare that the information I have provided is to the best of my knowledge, true and correct. Required
I agree that by typing my name below I have signed this application Required
Name of signatory Required

For information on how Council manages, handles, and protects personal information it collects please refer to the Privacy Statement and Policy

End of form