

Authorisation to Order

To be completed by the Approved Vaccine Recipient **only** if they are nominating a person or persons to order vaccine on their behalf.

I, _____ (Approved Vaccine Recipient)

- Registered Medical Practitioner Authorised Nurse Immuniser Pharmacist
 Medical Officer of Health

Providing services for _____ (Business name)

Authorise:

(name) _____ (position) _____

(name) _____ (position) _____

To order on my behalf from the Department of Health and Human Services the following National Immunisation Program vaccines, consistent with the quantities specified:

Product	Brand Names	Maximum doses to order
Influenza	Fluvax / Vaxigrip / Fluairix	
Influenza Junior	Vaxigrip Junior	
dTpa	Boostrix	
HPV	Gardasil	
DTPa/Hib/hepB/IPV	Infanrix hexa	
DTPa/IPV	Infanrix IPV	
Pneumococcal	Pneumovax 23	
Pneumococcal	Prevenar 13	
MMR	Priorix	
Rotavirus	Rotarix	
Varicella	Varilrix / Varivax	
MMR/Varicella	Priorix Tetra / MMR II	
Hepatitis B Paed	HBVaxII Paediatric	
Meningococcal C/Hib	Menitorix	

Signature: _____ Date: _____

If any parties named cease association with the business named above, this authorisation must be updated.

Please retain this document at your practice as a copy may be requested by the Department of Health and Human Services.