

Council vaccination history request



Overview

The City of Casey Immunisation Service maintains vaccination records in an electronic format for people that have received vaccinations administered by the Service. Please note that the majority of our records date from 1996 onwards.

Contact



Phone

03 9705 5200



NRS

133 677

(for the deaf, hearing or speech impaired)



TIS

131 450

(Translating and Interpreting Service)



facebook.com/CityOfCasey



[@CityOfCasey](https://twitter.com/CityOfCasey)

Lodgement



Email

vaccination@casey.vic.gov.au



Post

PO Box 1000
Narre Warren VIC 3805



In Person

Bunjil Place

2 Patrick Northeast Drive
Narre Warren

Open Hours: 10:00 am - 2:00 pm Mon - Fri

Cranbourne Customer Service

Shop 61, Cranbourne Park Shopping Centre
Open Hours: 10:00 am - 2:00 pm Mon - Fri

Offices are not open on Public Holidays

Privacy Statement

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014*. All personal information collected by the City of Casey will only be used for the purpose outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website www.casey.vic.gov.au or by calling on 9705 5200.

I am requesting a search for vaccination records for (please tick one) Myself (Complete Section A)
 My child (Complete Section B)

I would like to receive notification of the outcome of the search by (please tick one):

Email. Email address for notification. _____

Post. Postal address for notification. _____

Section A

Please complete all fields

First name	Surname
<input type="text"/>	<input type="text"/>
Date of birth	Medicare number
<input type="text"/>	<input type="text"/>
Residential address	
<input type="text"/>	
Suburb	Postcode
<input type="text"/>	<input type="text"/>
Telephone	Mobile
<input type="text"/>	<input type="text"/>
Name of Secondary School attended	
<input type="text"/>	

Section B

Please complete all fields

Relationship to child	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal guardian
Your first name	Your surname	
<input type="text"/>	<input type="text"/>	
Telephone	Mobile	
<input type="text"/>	<input type="text"/>	
Child's first name	Child's surname	
<input type="text"/>	<input type="text"/>	
Child's date of birth	Child's Medicare number	
<input type="text"/>	<input type="text"/>	
Child's residential address		
<input type="text"/>		
Suburb	Postcode	
<input type="text"/>	<input type="text"/>	
Name of Secondary School attended		
<input type="text"/>		

Declaration

I, the applicant, declare that the information provided in this application form is true and correct. The information provided in this application is true and complete to the best of my knowledge.

Applicant's signature

Print name

Date

<input type="text"/>
<input type="text"/>
<input type="text"/>