**Whitehorse City Council**

379-397 Whitehorse Road Nunawading 3131 Locked Bag 2 Nunawading DC Vic 3131

Phone 9262 6197 Fax: 9262 6506 [immunisation@whitehorse.vic.gov.au](mailto:immunisation@whitehorse.vic.gov.au)

Diphtheria, Tetanus and Pertussis (whooping cough) Immunisation

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| **What is the Boostrix vaccine?**  Boostrix is a vaccine containing Diphtheria, Tetanus and Pertussis (Whooping Cough) antigens.  Multiple doses and boosters are required throughout life. It is highly recommended if a new baby is expected in the family.  **Diphtheria**  Diphtheria is caused by bacteria which are found in the mouth, throat and nose. Diphtheria causes a membrane to grow around the inside of the throat and can be transmitted through coughs and sneezes from an infected person.  **Tetanus**  Tetanus is caused by a bacteria present in soils, dust and manure. It causes muscle spasms first felt in the neck and jaw muscles and can lead to breathing difficulties, convulsions and abnormal heart rhythms.  **Pertussis (Whooping cough)**  Whooping cough, also known as pertussis, is a highly contagious disease which affects the air passages and breathing and causes severe coughing spasms. Whooping cough is transmitted through coughs and sneezes from an infected person. Parents and family members are the main source of infection. | **Fees as at 01/07/2022 $52.00 per dose**  Boostrix is free for new parents only.  All other adults over the age of 20 are required to pay prior to booking appointment.  Payment Options  If you wish to receive a dose of Diphtheria, Tetanus and Pertussis (Whooping Cough) vaccine you will need to  pre-pay and make a booking.  For payment options please go to:  <https://www.whitehorse.vic.gov.au/living-working/people-families/immunisation/types-immunisation>  For more information or to make a booking please contact  the Environmental Health Unit on 9262 6197 |



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| **Details of person to be vaccinated** | | | | | | | | | | | | | **Immunisation No** | | |  |
| **Medicare Number**  **As shown on card** |  |  |  |  |  |  | |  |  |  |  | | **Reference number**  **Next to name** | | |  |
| **First Name** |  | | | | | | **Surname:** | | | | | | |  | | |
| **Date of Birth**  **Mandatory Medicare Requirement** |  | | | | | | **Gender:**  **Mandatory Medicare Requirement** | | | | | | | **Male Female** | | |
| **Address** |  | | | | | | | | | | | | | | | |
| **Suburb** |  | | | | | | | | | | | **Postcode** | | |  | |

I hereby declare that:

* I have read and understood the information attached to this consent slip and;
* I agree and confirm that I wish to have myself or my child vaccinated against diphtheria, tetanus and pertussis.

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| **Name:**  Parent/Guardians name if above is under 18 years |  | **Phone No** |  |
| **Signature** |  | **Date** |  |
| The personal information requested on this form is collected for the management of immunisation in accordance with the Public Health and Wellbeing Act. Your personal information will be included on the Australian Immunisation Register but will not be disclosed to any other party unless required by law. The information may also be used for the purpose of reminder letters or to ascertain your satisfaction with our services.  You may access this information by contacting Council’s Environmental Health Unit on 9262 6197 | | | |

**Office use only:**

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| Payment at cashier  Account RC 435 | Receipt Number | Amount Paid $ | Date Paid |