

Immunisation History



- Immunisation records may be accessed directly from the Australian Immunisation Register. Visit your myGov account or phone 1800 653 809.
- Your Medicare number **must** be included on this form.

First name:	Surname:
Date of birth: ____/____/____	
Name of guardian: (if person is under 18)	
Residential address:	
	Postcode:
Postal address:	
	Postcode:
Contact number:	
Email address:	
How would you like this information returned? ☐ Email ☐ Mail	

Enter full Medicare number in the first 10 boxes, and your reference number in the last box.

Date of application:	____/____/____									
Your Medicare number:										

Office Use Only:	
CS Stamp:	IM Stamp:

Contact Council

- 📞 **Phone:** 03 5153 9500
- @ **Email:** feedback@egipps.vic.gov.au
- 🌐 **Website:** eastgippsland.vic.gov.au
- ✉ **Mail:** PO Box 1618, Bairnsdale VIC 3875

Customer Service Centres:

- **Bairnsdale:** 273 Main Street
- **Lakes Entrance:** 18 Mechanics Street
- **Mallacoota:** 70 Maurice Avenue
- **Omeo:** 179 Day Avenue
- **Orbost:** 1 Ruskin Street
- **Paynesville:** 55 Esplanade

Collection notice:

East Gippsland Shire Council collects information provided by you in this form to assess your application for immunisation history. East Gippsland Shire Council will only disclose your personal contact information to a third-party where required to do so by law. Information shared in this situation will be in accordance with the requirements of the Privacy and Data Protection Act 2014. If incorrect information or details are provided Council will be unable to assist you with this request. For more information on Council's Privacy Policy, please visit Council's [Privacy Statement](#) on our website or email feedback@egipps.vic.gov.au if you have any questions. SEP 26