Application for 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)			
Home address:		Postcode	
Postal address: (if different)		Postcode	
Phone number: Home:	Work:	Mobile:	
Email address:		Fax:	
How would you like this information returned? ☐ Email ☐ Mail ☐ Fax			

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

Date of application	_____/_____/_____										
Your Medicare number											

Contact Council

03 5153 9500

feedback@egipps.vic.gov.au

eastgippsland.vic.gov.au

PO Box 1618, Bairnsdale 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

Privacy Statement
The East Gippsland Shire Council collects personal information to levy rates, issue permits and licences, and provide a variety of community services. The information collected in this form is used only for the purposes contemplated by the form (primary purposes) and is not passed on to third parties. In some instances however, disclosure is required by law or is necessary for the protection of persons or property. Where this occurs, Council will take every reasonable step to ensure your privacy is protected in accordance with the Privacy and Data Protection Act 2014. You may obtain further information about Council's Privacy Policy by contacting our Information and Privacy Officer on 5153 9500 or e-mail feedback@egipps.vic.gov.au

JUL 2025