**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

Varicella (chicken pox) Immunisation

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| *What is varicella (chicken pox)?*Chicken pox is a highly contagious disease that is transmitted mainly person-to-person by airborne droplets, but also occurs by direct contact with vesicle (blister) fluid.*Chicken pox Information for parents/guardians.*The federal government’s national varicella (chicken pox) vaccination program provides one free vaccine for children at 18 months of age. One dose of varicella vaccine is effective in 85% of cases.The National Health and Medical Research Council (NHMRC) however, recommends a second dose of varicella vaccine for children to provide coverage in 98% of cases.Women should not have the vaccine if they are pregnant or intend to become pregnant in the next 4 weeks. If the person to be vaccinated has had a recent dose of measles, mumps and rubella (MMR) or varicella (Chicken pox) there must be a 4 week gap between doses. | **Fees as at 01/07/2022 $75.00 per dose**Two doses of chickenpox vaccinations are recommended to provide increased protection and minimise the chance of breakthrough disease: The second dose of varicella vaccine is not currently funded by the federal government under the National Immunisation Program. * One dose is funded and given at 18 months as a measles, mumps, rubella and varicella (chickenpox) combined vaccine.
* A second dose can be given at any age over 12 months
* A second dose can be given before or after the 18 month immunisations as long as there is a minimum interval of four weeks.

Payment OptionsFor 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 contactthe Environmental Health Unit on 9262 6197  |

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Varicella (chicken pox) Immunisation

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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 Varicella.

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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 |