

Monash Immunisation Services

293 Springvale Road (PO Box 1)
GLEN WAVERLEY 3150
Telephone 95183539 or 95183540 Fax.95183444



REQUEST AND CONSENT FOR MENINGOCOCCAL C VACCINE

Family Name: Given Name:

Address: Postcode:

Telephone Number: Date of Birth:

I request that I / my child receive/s a single dose of Meningococcal C vaccine.

I have read the attached information on Meningococcal Disease immunisation.

Signature:

Print Name:

The information you provide on this consent card is for the sole purpose of monitoring immunisation programs by the State and Commonwealth Governments. The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting your immunisation provider.

Fee payable for Meningococcal Disease Immunisation

Meningococcal C vaccine

\$50.00 per dose

Payment by cheque, cash or credit card can be made at Glen Waverley Civic Centre or Oakleigh Service Centre and must be done prior to attending an immunisation session.

NOTE: PAYMENT CANNOT BE MADE AT A SESSION.

Amount to be paid:

\$.....

Attachments:

- Meningococcal C information sheet
- Monash Immunisation Program

Office Use Only	
Account No.1.60.610.5125.000.3206	
Description:	Meningococcal C Vaccine
Date Paid:	
Receipt No:	
ImPS No:	

PLEASE BRING YOUR RECEIPT TO THE IMMUNISATION SESSION