Government of Western Australia
North Metropolitan Health Service
Mental Health, Public Health and Dental Services

BCG Vaccination Enquiry Form

Please return completed form to Anita Clayton Centre:

Email: accadmin@health.wa.gov.au
Or Fax: (08) 92228501
Or Post to: Anita Clayton Centre, Suite 1/311 Wellington Street, Perth WA 6000
You will receive a telephone call from a clinical nurse within 5-10 working days of receipt of form.

Parent / Guardians Details

Title (Mr/ Mrs / Ms):	Title
First name: Middle name: Last name	First Name Middle Name Last Name
Residential Address:	Street Address, Suburb / Town Postal Code: State:
Postal address (if different to above)	Postal Address
Home Tel:	( ) -
Mob Tel:	Mobile Number
Email:	Email Address
Interpreter Required:	Yes☐ No ☐ Language : Language
Relationship to child:	Relationship to child

Details of Travel

Intended date of Travel: Date
Country of where child/children will be travelling to:Country

Child 1

First name of child: First Name
Middle name of child: Middle Name
Surname of child: Last Name
Date of Birth: Date of Birth Sex: Male ☐ Female ☐
Country of Birth: Country of Birth
If born in Australia, name of hospital: Hospital
Medicare Number : 1234 56789 0 Reference 1 Valid to 00/0000

Child 2

Name of Child: First Name
Middle name of child: Middle Name
Surname of child: Last Name
Date of Birth: Date of Birth Sex: Male ☐ Female ☐
Country of Birth: Country of Birth
If born in Australia, name of hospital: Hospital
Medicare Number : 1234 56789 0 Reference 1 Valid to 00/0000

For additional children, please open a new form