



General Practice Immunisation Incentives (GPII) GPII Practice Report (GPII020A) request form

Practice details: *(please print)*

Practice name

Practice address

State Postcode

Contact person

Telephone number () Fax number ()

Please complete the following details of one provider registered at your GPII/PIP Practice:

Provider name

Medicare provider number

Provider signature

GPII/PIP practice number

Please indicate the purpose for which you intend to use this information:

- To follow-up children who are overdue for a scheduled immunisation;
- To contact children who are in a risk group because of an outbreak of a disease;
- To maintain accurate records in order to provide an immunisation recall/reminder;
- To identify particular children requiring an immunisation service;

If the purpose for which you intend to use the information is not listed above, please state the reason below:

Has your Practice forwarded a signed Section 46E Agreement to Medicare Australia?

- Yes No *A signed Agreement is required before your Practice Report can be produced.
Please contact 1800 246 101 (free call) and an Agreement will be forwarded to you.*

Please indicate the information you wish to appear on the report:

- Children Not Fully Immunised Children Fully Immunised Include Single Visits

Please mail or fax the completed form to:

Immunisation Section, Medicare Australia, GPO Box 295, HOBART TAS 7001
Facsimile (03) 6215 5686

Enquiries relating to requesting Immunisation Reports—telephone 1800 246 101 (free call)

Privacy Note: The information provided by you on this form will be used by Medicare Australia solely to process your request for the GPII Practice Report (GPII020A), supplied to you under the provisions of the *Health Insurance Act 1973*. Information on this form will not be disclosed to any other individual, organisation or agency.