

Immunisation Program  
**Pre-Exposure Rabies Vaccine Order Form**  
 Volunteer Australian Wildlife Handlers only



**Fax: 1300 768 088**  
 Tel: 1300 882 008  
 Email: [immunisation@health.vic.gov.au](mailto:immunisation@health.vic.gov.au)

**Order from:**

Doctor Name: \_\_\_\_\_ DH Account No.: \_\_\_\_\_

**OR**

Centre Name: \_\_\_\_\_ DH Account No.: \_\_\_\_\_

Doctor / Centre Delivery address (not post office box):    	Date: _____
	Tel: _____
	Fax: _____
	Email: _____

*In order to receive Government funded vaccines, I agree that: (1) this centre complies with the recommended vaccine cold chain storage of 2°-8°C as stated in the National Vaccine Storage Guideline, Strive for 5: [www.immunise.health.gov.au](http://www.immunise.health.gov.au), and (2) in the event of a cold chain breach I will call the Immunisation Program to discuss **before** discarding any vaccines.*

Signature of authorised person: \_\_\_\_\_

Print name: \_\_\_\_\_

**Pre-Exposure for volunteer Australian Wildlife Handlers only**

**ORGANISATION NAME:** \_\_\_\_\_

Have any previous doses been administered elsewhere?  
 **Yes**  **No** \*Please proceed to Patient name

Number of doses: \_\_\_\_\_ Where were they administered? \_\_\_\_\_

\*Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Patient address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Description	Number of units in stock	Number of units for order
Inactivated rabies vaccine - Australian Wildlife Handlers only		

Please allow a MINIMUM of 3 business days for processing and delivery of your vaccine order