



## 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	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>								
Provider signature									

GPII/PIP practice number 

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**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) 6281 0555

**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.