

Immunisation Record Request

First Name: Last Name:

Any other name you have been known by (if applicable):

Date of birth:

Schools attended:

(Please note: list only Launceston Municipality schools; if the school or clinic you attended is not in the Launceston Council area, you will need to contact the applicable Council. City of Launceston does not hold Medical Practitioner Records.

I am requesting the release of the immunisation records for:

Myself My child

If this is for your child's record, please enter your name here:

Street number: Street Name

Suburb:

State: Postcode:

Contact Number:

Email Address:

Privacy Statement

On application, a person's details will only be released to the person directly or if the child is under 18 years of age, to the child's lawful guardian/s. In cases where the application is made by a person other than the child/person, documentation may be requested to confirm the applicant's relationship to the child/person.

I declare that, to the best of my knowledge, the information I have provided is true and correct:

Signature required:

Please print and complete this form then return to City of Launceston or email to:
envservices@launceston.tas.gov.au

Allow 3-5 working days for your certificate to be posted or emailed to you. All boxes are required to be completed otherwise Council staff will not be able to issue your Immunisation Record.