



Australian Immunisation Register

Ceasing correspondence and release of information

Purpose of this form

Use this form for yourself and children under 14 years of age in your care if you do not want:

- to receive information from the Australian Immunisation Register (AIR), **and/or**
- AIR information shared with third parties such as vaccination providers.

Children on your Medicare card aged 14 years of age or over, who have previously been withdrawn from receiving information from the AIR or from having their information shared with third parties, will need to complete a separate form if they wish to continue with this arrangement.

Filling in this form

- Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗
- Where you see a box like this **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Send the completed form to:

**Department of Human Services
Australian Immunisation Register
PO Box 7852
CANBERRA BC ACT 2610**

For more information

Go to humanservices.gov.au/air or call **1800 653 809** Monday to Friday, between 8.00 am and 5.00 pm, local time.

Note: Call charges may apply.

Reason for completing this form

1 Select the options that will apply

Tick ALL that apply

I do not want to receive information about my record from the AIR

I do not want the AIR to share my information with third parties such as vaccination providers

I do not want to receive information about the record of children in my care from the AIR

I do not want the AIR to share information about children in my care with third parties such as vaccination providers

Your details

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Your date of birth

4 Medicare card number

Ref no.

5 Your permanent address

Postcode

6 Do you have children in your care?

No **Go to 8**

Yes



CLK0IM017 1610

