

# AIR010A report parameters guide

## Shingles vaccine: Overdue report parameters

**Reports**

[Request](#) [Modify](#) [View](#)

**Modify Report**

AIR010A - Due/Overdue Report - by Immunisation Practice

Report Criteria All fields marked with \* are mandatory

Name of Report: \*

Frequency of Report: \* ☒ Once Only ☐ Weekly ☐ Monthly ☐ Quarterly [Help](#)

Output of Report: \* ☐ Comma Separated (single file) ☒ Comma Separated (multiple files) [Help](#)

PIP Practice ID: \*

MBS Service Period: \* Include individuals seen for a MBS service within the practice in the past:  [Help](#)

Immunisation Status: \* Select the immunisation status of individuals to include in this report: ☐ All Individuals ☒ Not Fully Immunised Individuals

Due/Overdue by Disease: \* Include individuals overdue for:

Age Selection Range: \* ☐ By Birth Date ☒ By Age

The maximum Age Selection Range permitted is 10 years.

From:  To:

Include individuals who have:

- ☐ Select all
- ☐ A Natural Immunity recorded.
- ☐ A Medical Contraindication recorded.
- ☐ A Catch up schedule recorded.
- ☐ Made a single visit to the practice during the MBS service period.
- ☐ Returned mail.
- ☐ Additional Vaccines Required (AVR) recorded.

**Output Settings**

A separate file will be produced for each section identified below only when options have been selected from that section. Only one file will be produced with each individual's personal details when all options of each section are not selected.

Details to include: [Help](#)

Individual details 2/13 selected

- ☐ Select all
- ☐ Additional Vaccines Required
- ☒ Address Details
- ☐ Addressee Name
- ☐ Catch up schedule
- ☐ Contact Number
- ☐ Country of Birth
- ☐ Email Address
- ☐ Indigenous Indicator
- ☒ Individual's Medicare Number
- ☐ Information Provider Individual Id
- ☐ Mobile Number
- ☐ Multiple Birth Indicator
- ☐ Returned Mail

Overdue details 1/1 selected

- ☒ Due/Overdue Details

Vaccine details 0/3 selected

- ☐ Select all
- ☐ Information Provider Number
- ☐ Vaccination Provider Number
- ☐ Vaccine Details

Provider details 0/2 selected

- ☐ Select all
- ☐ Information Provider Details
- ☐ Vaccination Provider Details

Exemptions 0/2 selected

- ☐ Select all
- ☐ Medical Contraindication
- ☐ Natural Immunity

[REQUEST REPORT](#) [BACK](#)

### Report parameter selections:

- **Name of Report:**  
*Choose a name for the report, e.g. 'Shingles 65-75'*
- **Frequency of Report:**  
*Select 'Once Only'*
- **Output of Report:**  
*Select 'Comma Separated (multiple files)'*
- **PIP Practice ID:**  
*Enter your Practice Incentive Payment (PIP) ID number*
- **MBS Service Period:**  
*Select '12 months'*
- **Immunisation Status:**  
*Select 'Not Fully Immunised'*
- **Due/Overdue by Disease:**  
*Select 'Zoster'*
- **Age Breakdown:**  
*Select 'By Age'*  
*Select '65 years to 75 years' (maximum age range is 10 years)*
- **Include individuals who have:**  
*Leave blank*
- **Output Settings:**  
*Select details to include:*
  - ✓ Address Details
  - ✓ Individual's Medicare Number
  - ✓ Due/Overdue Details
- Click **'Request Report'** to complete the request