

Registration Form for Newborn NIR1



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C Neonatal immunisations Please record any immunisation given Event Codes Completed Codes: F - Completed Declined Codes: DMC - Permanent contraindication RESCHO - Parent or individual choice to reschedule Codes: RESTC - Temporary contraindication RESREF - Referred elsewhere for immumisation RESCHO - Parent or individual choice to reschedule Body Sites: RVL - Right Vastus Lateralis (Outer thigh) LVL - Left Vastus Lateralis (Outer thigh) RD - Right Deltoid (Upper arm) D - Other Vaccine given Vaccine given Code Sea bove) Date Date Day / Month / Year Batch Number(s) Expiry date month / year Sea bove) Print name and ID (MCNZ,NZNC) clearly Hep B Paed HBIG Date Day / Month / Year Batch Number(s) Sea bove) Print name and ID (MCNZ,NZNC) clearly diverse Events Following Immunisation (AEFI). Please report all AEFIs to CARM - see writing shield for instructions.
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Vaccine given (See above) Day / Month / Year Batch Number(s) month / year (See above) Print name and ID (MCNZ, NZNC) clearly Hep B Paed HBIG BCG ddverse Events Following Immunisation (AEFI). Please report all AEFIs to CARM – see writing shield for instructions.
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BCG dverse Events Following Immunisation (AEFI). Please report all AEFIs to CARM – see writing shield for instructions.
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D Opting off the National Immunisation Register Note: If relevant, both boxes must be ticked
The parent/guardian is opting off having their baby's immunisation data on the NIR.
Opt off authorisation form (NIR2) has been given to the parent or guardian to send to the DHB NIR administrator.
Opt on authorisation form (wike) has been given to the parent of guardian to send to the DTB wik administrator.
E Provider details
Lead Maternity Carer (LMC) LMC phone number
Well Child/Towards On annoide (NCD)
Well Child/Tamariki Ora provider (WCP) WCP phone number ()
General Practitioner (GP)/Primary Care Provider/Authorised Provider
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