

A Baby's details

Baby's surname or family name Baby's first or given name

Baby's NHI number Baby's date of birth Baby's place of birth (birthing facility)

Day Month Year

Gender Male Female Unknown Indeterminate

Ethnicity: Māori NZ European Samoan Cook Island Maori Tongan Chinese Niuean Indian Other European
(please circle one) Other (Please specify)

Baby's physical address

Street number and name Suburb

Town, city or district Post code

Contact number

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Baby's postal address (if different to physical address)

Street number and name Suburb

Town, city or district Post code

Contact number(s)

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B Parent/guardian details

Contact name (must be parent/guardian if under 16 years) Mother's NHI number

Relationship to baby Mother Father Other (Please specify)

Street number and name (if different to baby's address)

Suburb Town, city or district Post code

Email

Contact number Work/mobile number

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Alternative contact name

Relationship to baby Mother Father Other (Please specify)

Street number and name (if different to baby's address)

Suburb Town, city or district Post code

Contact number Work/mobile number

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C Neonatal immunisations Please record any immunisation given

Event Codes Completed Codes: F – Completed Declined Codes: DMC – Permanent contraindication DNI – Declined natural immunity
Rescheduled Codes: RESTC – Temporary contraindication RESREF – Referred elsewhere for immunisation 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) LD – Left Deltoid (Upper arm) O – Other

Vaccine given	Event Code (See above)	Date Day /Month/Year	Batch Number(s)	Expiry date month/year	Body site (See above)	Vaccinator Print name and ID (MCNZ,NZNC) clearly
Hep B Paed						
HBIG						
BCG						

Adverse Events Following Immunisation (AEFI). Please report all AEFIs to CARM – see writing shield for instructions.

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.

E Provider details

Lead Maternity Carer (LMC) LMC phone number

Well Child/Tamariki Ora provider (WCP) WCP phone number

General Practitioner (GP)/Primary Care Provider/Authorised Provider General Practitioner (GP)/Primary Care Provider/Authorised Provider phone number

Practice or clinic

The above information is correct.
Signature of vaccinator Date

Print name of provider signing form