

Once complete please give a copy of this form to your NIR Administrator and keep a copy for your records.

i Please note: This is a fillable form. If you wish to fill it out on your computer you will need to download the form to your computer and save it before starting to fill it out.

Individuals details

Surname or family name		First or given name			
NHI number	Date of birth	Gender		Contact number	
		Male	Female	Non-binary	

Street address

Ethnicity:	Māori	NZ European	Samoan	Cook Island Maori	Tongan	Chinese	Nuiean	Indian
	Other European	Other						

Contact name (must be parent/guardian if under 16 years)	Relationship to individual
	Mother Father Other

Street address

Email address	Main contact number	Alternative contact number
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Alternative contact name (must be parent/guardian if under 16 years)	Relationship to individual
	Mother Father Other

Street address

Email address	Main contact number	Alternative contact number
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Immunisation details (Please record any immunisation given)

Event Codes: **Completed Codes:** F – Completed **Declined Codes:** DMC – Permanent contraindication DNI – Declined natural immunity DPC – Declined choice by parent
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	Dose 1,2,3,4	Event code (see above)	Date	Batch number(s)	Expiry date (MM/YYYY)	Diluent batch no. (MMR only)	Diluent expiry (MMR only)	Body site (see above)	Vaccinator and ID (MCNZ,NZNC)
BCG									
DTaP-IPV									
DTap-IPV-Hib/ HepB									
Hepatitis A									
Hep B Paed									
Hep B Adult									
Hib									
HPV									
Influenza									
IPV									
MenACWY									
MenCCV									
MMR									
PCV10									
PCV13									
PPV23									
Rotavirus									

Vaccine given	Dose 1,2,3,4	Event code (see above)	Date	Batch number(s)	Expiry date (MM/YYYY)	Diluent batch no. (MMR only)	Diluent expiry (MMR only)	Body site (see above)	Vaccinator and ID (MCNZ,NZNC)
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Td

Tdap

Varicella (VV)

Zoster (HZV)

Other

Adverse events following immunisation (AEFI). Please report AEFIs to CARM

Opting off the National Register (Note if relevant both boxes must be ticked)

The individual above is opting off having their immunisation data on the NIR. Date opted off:

Opt off authorisation form (NIR2) has been given to the individual, parent or guardian to send to the NIR Administrator.

Provider and vaccinator details

Name of individual's registered medical professional

Practice or clinic

General practitioner/Primary care provider/Authorised provider phone number

The above information is correct. (Signature of vaccinator)

Date signed

Name and ID (MCNZ/NZNC) of person who has signed

Casual

Registered