

A Individual's details Please record any changes

Surname or family name First or given name(s)

NHI number Date of birth Contact number(s)

Day Month Year

Gender Male Female

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

Physical address Street number and name Suburb

Town, city or district Post code

Postal address (if different to physical address) Street number and name Suburb

Town, city or district Post code

B Parent/guardian details Please record any changes

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 (only if different to above)

Suburb Town, city or district Post code

Contact number Work/mobile number

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Email

Alternative contact name

Relationship to baby Mother Father Other (Please specify)

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

Suburb Town, city or district Post code

Contact number Work/mobile number

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Email

C Request immunisation status report

Please send an immunisation status report for the above person.

D Referral

Please refer to Outreach Immunisation Service (OIS) or facilitation service. Referral sent to Outreach Immunisation Service (OIS) or facilitation service.

Name of service

Relevant information about contact attempts

E 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.

F Validated Adverse Events Following Immunisation

Adverse events following immunisation (AEFI) confirmation received from CARM. AEFISA Serious and/or Severe AEFI other – including contraindication

Date of immunisation Immunisation given (use correct code)

Day Month Year

AEFISO Serious and/or Severe AEFI – indicating caution

AEFIOT Other AEFI or concern

AEFISX Serious and/or Severe AEFI – anaphylaxis – indicating contraindication

Comment

G Individual left New Zealand

Individual has emigrated or left New Zealand on a long-term basis.

H Death of individual

Death of individual Date of death Source of information

Day Month Year

I Provider details

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

Practice or clinic

GP/Primary Care phone number

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Well Child/Tamariki Ora Provider (WCP)

Lead Maternity Carer (LMC)

Print name of provider signing form

The above information is correct. Signature of vaccinator

Date

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