National Immunisation Register
NIR: Recording immunisation history

Notification of Outcome of Outreach Immunisation Service Referral NIR5

MINISTRY OF HEALTH
MANATŪ HAUORA

A Individual's details

Surname or family name

First or given name

NHI number

Date of birth
Day Month Year

Gender (Please circle one)
Male Female

Contact number
( )

Street number and name

Suburb

Town, city or district

Contact number
( )

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

Contact name (must be parent/guardian if under 16 years)

Contact number
( )

Email

Work/Mobile
( )

Relationship to individual ◯ Mother ◯ Father ◯ Other (Please specify)

Street number and name Suburb Town, city or district

Alternative contact name

Contact number
( )

Email

Work/Mobile
( )

Relationship to individual ◯ Mother ◯ Father ◯ Other (Please specify)

Street number and name Suburb Town, city or district

B Outcome of referral

Date referred to Outreach Immunisation Service (OIS)
Day Month Year

◯ Individual referred for immunisation to: (Provider's name)
◯ Individual not found – gone no address
◯ Individual found – not responding
◯ Individual immunised by OIS provider. See details below.
◯ GP notified of outcome of this referral.

Comment

Event Codes **Completed Codes:** **F** – Completed **Declined Codes:** **DMC** – Permanent contraindication **DNI** – Declined natural immunity
Rescheduled 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) **LD** – Left Deltoid (Upper arm) **O** – Other

Vaccine given	Dose 1,2,3,4	Event Code (See above)	Date DD /MM/YY	Batch Number(s)		Expiry date month/year	Body site (See above)	Vaccinator	
				Vaccine	Diluent/Vaccine			Print name (clearly)	ID (MCNZ,NZNC)

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

C Opting off the National Immunisation Register

Note: If relevant, both boxes must be ticked

◯ The individual above is opting off having their immunisation datarecorded on the NIR.
◯ Opt off authorisation form (NIR2) has been given to the parent or guardian to send to the DHB NIR administrator.

D Provider details

Outreach Immunisation Service (OIS) provider's name

OIS provider phone number
( )

OIS provider fax number
( )

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

Print name of provider signing form

Practice or clinic

The above information is correct.
Signature of vaccinator

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

Date
/ /

Please return the original to your DHB NIR Administrator and keep the duplicate for your records.