

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

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

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)
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Birth

Hep B Paed

HBIG

BCG

6 Weeks

DTap-IPV-Hep B/

Hib

PCV 10,13

Rotavirus

3 Months

DTap-IPV-Hep B/

Hib

Rotavirus

5 Months

DTap-IPV-Hep B/

Hib

PCV 10, 13

12 Months

PCV 10, 13

MMR

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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15 Months

Hib

MMR

Varicella

4 Years

DTap-IPV

11 Years

Tdap

11–26 Years

HPV

Other

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

Opting off the National Immunisation 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