

A Individual's details

Surname or family name First or given name

NHI number Date of birth Gender (Please circle one) Male Female Contact number

Day Month Year

Street number and name Suburb Town, city or district

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

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

Email Work/Mobile Email Work/Mobile

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

Street number and name Suburb Town, city or district Street number and name Suburb Town, city or district

B 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 D/M/Y	Vaccine Batch Number(s)	Vaccine expiry month/year	Diluent Batch Number(s) (MMR only)	Diluent expiry month/year (MMR only)	Body site (See above)	Vaccinator (Print name)	Vaccinator ID (MCNZ, NZNC)
Birth	HepB Paed										
	HBIG										
	BCG										
6 Weeks	DTaP-IPV-HepB/Hib										
	PCV 10, 13										
	Rotavirus										
3 Months	DTaP-IPV-HepB/Hib										
	Rotavirus										
5 Months	DTaP-IPV-HepB/Hib										
	PCV 10, 13										
12 months	PCV 10, 13										
	MMR										
15 Months	Hib										
	MMR										
	Varicella										
4 Years	DTaP-IPV										
11 Years	Tdap										
11–26 Years	HPV										
	Other (Specify)										

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 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 DHB NIR administrator.

D Provider and vaccinator details

Name of individual's registered medical professional

Practice or clinic

GP/Primary Care Provider/Authorised Provider phone number

The above information is correct.

Signature of vaccinator Date

Casual Registered

Print name and ID (MCNZ/NZNC)

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

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