

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 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)
BCG						n/a	n/a			
DTaP-IPV						n/a	n/a			
DTaP-IPV-Hib/HepB						n/a	n/a			
Hepatitis A						n/a	n/a			
Hep B Paed										
Hep B Adult						n/a	n/a			
Hib						n/a	n/a			
HPV						n/a	n/a			
Influenza						n/a	n/a			
IPV						n/a	n/a			
MenACWY						n/a	n/a			
MenCCV						n/a	n/a			
MMR										
PCV10						n/a	n/a			
PCV13						n/a	n/a			
PPV23						n/a	n/a			
Rotavirus						n/a	n/a			
Td						n/a	n/a			
Tdap						n/a	n/a			
Varicella (VV)										
Zoster (HZV)										
Other						n/a	n/a			
Other						n/a	n/a			
Other						n/a	n/a			

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

Print name and ID (MCNZ/NZNC)

Casual Registered