

Notification to the National Immunisation Register NIR4

- 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.
- i** Once complete please send a copy to your NIR Administrator and keep a copy for yourself.

Individuals details (please record any changes)

Surname or family name				First or given name				
NHI number	Date of birth		Gender			Contact number		
			Male	Female	Non-binary			
Ethnicity:	Māori	NZ European	Samoan	Cook Island Maori	Tongan	Chinese	Nuiean	Indian
	Other European	Other						

Physical address

Postal address (if different to physical address)

Parent/guardian details (please record any changes)

Contact name (must be parent/guardian if under 16 years)		Main contact number		Alternative contact number	
Mother's NHI number	Relationship to individual	Mother	Father	Other	

Physical address (if different to individuals address)

Email address

Alternative contact name (must be parent/guardian if under 16 years)	Main contact number	Alternative contact number
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Relationship to individual Mother Father Other

Physical address (if different to individuals address)

Email address

Request immunisation status report

Please send an immunisation status report for the above person

Referral

Refer to Outreach Immunisation Service (OIS) or faciliation service.

Referral sent to OIS or faciliation service

Name of service

Relevant information about contact attempts

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 NIR administrator.

Validated adverse events following immunisation

Adverse events following immunisation (AEF) confirmation received from CARM

Date of immunisation

Immunisation given (use correct code)

AEFISA Serious and/or Severe AEFI other - including contraindication

AEFISO Serious and/or severe AEFI - including caution

AEFISX Serious and/or Severe AEFI - anaphylaxis - including contraindication

AEFIOT Other AEFI or concern

Comment

Individual left New Zealand

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

Death of individual

Individual has died

Date of death

Source of information

Provider details

General practitioner (GP) Primary care provider/Authorised provider Lead Maternity Carer (LMC)

Practice or clinic

Name of provider signing form

GP/Primary care phone number

Well Child/Tamariki Ora provider (WCP)

The above information is correct. Signature of vaccinator

Date