

Authorisation to opt off the National Immunisation Register NIR2

A Individual's details

Surname or family name

First or given name(s)

NHI number

Date of birth

Day Month Year

Gender (Please circle one)

Male

Female

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

Street number and name

Suburb

Town, city or district

Postcode

B Authorisation

I want to opt off having the following individual's immunisation data recorded on the National Immunisation Register.

(Please circle one) my own my child's

Reason (optional)

I understand that if I or my child want to rejoin the National Immunisation Register I can contact my doctor or practice nurse.

I understand that opting off the NIR means that my or my child's NHI, date of birth and any immunisation data already recorded on the NIR will be kept.

Signature

Date

C Provider details

General practitioner (GP)

Practice or clinic

Practice or clinic street number and name

Town, city or district

Postcode

GP phone number

GP email address

Thank you for completing this form.

Please send the original to the NIR Administrator by mail or fax and keep the duplicate for your records.

NIR Administrator address

NIR Administrator fax number