

## A Baby's details

Baby's surname or family name

Baby's first or given name(s)

Baby's NHI number

Baby's date of birth

Baby's place of birth (birthing facility)

Day Month Year

Gender  Male  Female  Unknown  Indeterminate

Ethnicity  Māori  NZ European  Samoan  Cook Island Maori  Tongan  Chinese  Niuean  Indian  Other European  Other  Please specify:

Baby's Physical Address

Street Number and Name

Suburb

Town, city or district  Post code

Contact number(s)

Baby's Postal Address (if different to Physical Address)

Street Number and Name

Suburb

Town, city or district  Post code

Contact number(s)

## B Parent/guardian details

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

Mother's NHI number

Alternative contact name

Relationship to baby  Mother  Father  Other (please specify):

Relationship to baby  Mother  Father  Other (please specify):

Street Number and Name (only if different to baby's address)

Street Number and Name (only if different to baby's address)

Suburb  Town, city or district  Post code

Suburb

Town, city or district  Post code

Email

Contact number  Work/mobile

Contact number  Work/mobile

## C Neonatal immunisations Please record any immunisations given

Event Codes	Completed Codes	Declined Codes	Rescheduled Codes	Body site
	F Completed	DMC Permanent contraindication DNI Declined natural immunity DPC Declined choice by parent	RESTC Temporary contraindication RESREF Referred elsewhere for immunisation RESCHO Parent or individual choice to reschedule	RVL Right Vastus Lateralis (Outer thigh) LVL Left Vastus Lateralis (Outer thigh) RD Right Deltoid (Upper arm) LD Left Deltoid (Upper arm) 0 Other

Vaccine	Event code (see above)	Date given (Day Month Year)	Batch number(s)	Expiry date (Month Yea)	Body site (see above)	Vaccinator (Print name and ID (MCNZ, NZNC) clearly)
Hep B Paed						
HBIG						
BCG						

Adverse Events Following Immunisation (AEFI). Please report all AEFIs to CARM – see writing shield for instructions.

## D 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 recorded on the NIR.
- Opt off authorisation form (NIR2) has been given to the parent or guardian to send to the DHB NIR Administrator.

## E Provider details

Lead Maternity Carer (LMC)

LMC phone number

Well Child/Tamariki Ora Provider (WCP)

WCP phone number

General Practitioner (GP)/Primary Care Provider/Authorised Provider

GP/Primary Care Provider/Authorised provider phone number

Practice or clinic

The above information is correct.  
Signature of provider

Print name of provider signing form

Date