**Hepatitis** B

and notification to the Medical Officer of Health

### Instructions

Th	is form is completed by the consenting parent and the lead maternity carer (LMC) after the birth immunisations.
	The white LMC page is to remain with the maternity notes.
	Fax, or send a photocopy, of the white page to the DHB National Immunisation Register (NIR) Administrator (details overleaf).
	Send the yellow page to the Medical Officer of Health (details below).
	Send the green page to the patient's GP.

Name	Districts covered	Address	Phone	Fax
Northland District Health Board	Northland	Public and Population Health Unit Tohora House, Carpark 15 Hospital Road, Maunu Private bag 9742, WHANGAREI	(09) 430 4100	(09) 430 4493
Auckland Regional Public Health Service	Tamaki Makaurau- Auckland	Auckland Regional Public Health Service Cornwall Complex, Building 15 Greenlane, Private Bag 92 605 Symonds Street, AUCKLAND 1150	(09) 623 4600	(09) 623 4633
Waikato District Health Board	Waikato Ruapehu (northern part)	Public Health Unit Waikato District Health Board Level 1, Waiora CBD, 87 Alexandra Street Private Bag 3200, HAMILTON 3240	(07) 838 2569	(07) 838 2382
Toi Te Ora – Public Health	Whakatāne	PO Box 241 WHAKATĀNE 3158	0800 221 555	(07) 578 0883
	Tauranga	PO Box 2121, TAURANGA 3140	0800 221 555	(07) 578 0883
	Rotorua and Taupō	PO Box 12060 ROTORUA SOUTH 3045	0800 221 555	(07) 578 0883
Hauora Tairawhiti	Gisborne/Tairawhiti	Population Health Te Puna Waiora, Hauora Tairawhiti Tangata Rite Building, 110 Peel Street Private Bag 7001 , GISBORNE 4040	(06) 869 1311	(06) 869 2096
Taranaki District Health Board	Taranaki	Public Health Unit Barrett Building, Tukapa Street Private Bag 2016, NEW PLYMOUTH 4342	(06) 753 7798	(06) 753 7788
Hawkes Bay District Health Board	Hawkes Bay	Hawkes Bay DHB, Population Health Napier Health Centre – 1st Floor, 76 Wellesley Road PO Box 447, NAPIER 4140	(06) 834 1815	(06) 834 1816
MidCentral District Health Board	Manawatu, Tararua, Horowhenua, Palmerston North City	Public Health Unit Community Health Village Palmerston North Hospital PO Box 11036, PALMERSTON NORTH 4440	(06) 350 9110	(06) 350 9111
	Whanganui, Ruapehu (Southern part) and Rangitikei	Public Health Centre Lambie Hostel, Wanganui Hospital Private Bag 3003, WHANGANUI 4540	(06) 348 1775	(06) 348 1783
Regional Public Health	Wellington Hutt Valley Wairarapa	Regional Public Health Hutt DHB, Level 1, Community Health Building Hutt Hospital Private Bag 31 907, LOWER HUTT 5040	(04) 570 9002	(04) 570 9211
Nelson-Marlborough Public Health Service	Nelson	Nelson Marlborough Public Health Service Nelson Marlborough DHB, Nelson, 281 Queen Street, Richmond, PO Box 647, NELSON 7040	(03) 546 1537	(03) 546 1542
	Marlborough	Blenheim Office, 22 Queen Street PO Box 46, BLENHEIM 7240	(03) 520 9914	(03) 578 9517
Community and Public Health	Canterbury, Chatham Islands	Canterbury, Chatham Islands PO Box 1475, CHRISTCHURCH 8140	(03) 364 1777	(03) 379 6125
	Mid Canterbury	PO Box 110 ASHBURTON	(03) 307 6902	(03) 379 6125
	South Canterbury	Private Box 510 TIMARU 7940	(03) 687 2600	(03) 379 6125
	West Coast	PO Box 443 GREYMOUTH 7840	(03) 768 1160	(03) 379 6125
Public Health South	Otago	Public Health South Southern DHB, Main Block, Level 2 Wakari Hospital, Taieri Rd Private Bag 1921, DUNEDIN 9054	(03) 476 9800	(03) 476 9858

	DHB NIR Administrators (se	end white page)	
District Health Board	Address	Phone	Fax
Auckland	NIR Administrator HealthWEST PHO PO Box 104 098 Lincoln North, Auckland 0654	0800 929 999	(09) 638 0392
Bay of Plenty	NIR Coordinator National Immunisation Register Private Bag 12024 Tauranga 3143	0800 476 887	(07) 579 9366
Capital & Coast	NIR Administrator Kenepuru Hospital Raiha St PO Box 50 215 Porirua 5240	(06) 261 8307	(04) 978 2907
Counties Manukau	NIR Administrator Counties Manukau District Health Board Private Bag 93 311 Otahuhu, Auckland 1640	0800 454 375	(07) 262 9507
Canterbury	NIR Administrator Canterbury District Health Board PO Box 800 Christchurch 8140	(03) 337 8966	(03) 337 8620
Hawkes Bay	NIR Administrator Hawkes Bay District Health Board Public Health Unit Napier Health Centre PO Box 447 Napier 4140	027 278 0363	(06) 878 1693
Hutt Valley	NIR Coordinator Regional Public Health Hutt Valley District Health Board Private Bag 31 907 Lower Hutt 5040	(04) 570 9797	(04) 570 9796
Lakes	NIR Administrator Lakes District Health Board Pukeroa Hill Private Bag 3023 Rotorua 3046	027 223 2406	(07) 349 7842
MidCentral	NIR Administrator MidCentral District Health Board Private Bag 11 036 Palmerston North 4442	027 447 1027	(06) 350 4567
Nelson-Marlborough	NIR Administrator Nelson Marlborough District Health Board PO Box 647 Nelson 7040	0800 505 999	(03) 544 6587
Northland	NIR Coordinator Northland District Health Board PO Box 742 Whangarei 0140	021 753 552	(09) 430 4498
South Canterbury	NIR Administrator Primary Community Services South Canterbury District Health Board Private Bag 911, Timaru 7940	(03) 687 2317	(03) 687 2309
Southern (Otago)	NIR Coordinator Public Health South Southern District Health Board Private Bag 1921, Dunedin 9054	0800 787 998	(03) 476 9859
Southern (Southland)	NIR Coordinator Vaccine Preventable Disease Team Southern District Health Board PO Box 828, Invercargill 9840	0800 787 998	(03) 476 9859
Tairawhiti	NIR Administrator Tairawhiti District Health Board Private Bag 7001 Gisborne 4040	(06) 869 2092 Ext. 8732	(06) 869 2093
Taranaki	NIR Administrator NIR Coordinator David St Private Bag 2016 New Plymouth 4342	(06) 753 7702	(06) 753 7834
Waikato	NIR Coordinator Waikato District Health Board PO Box 934 Hamilton 3240	0800 100 273	(07) 834 3637
Wairarapa	NIR Administrator Wairarapa PHO PO Box 314 Masterton 5840	(06) 370 8055	(06) 370 8454
Waitemata	NIR Administrator HealthWEST PO Box 104 098 Lincoln North, Auckland 0654	0800 929 999	(09) 822 8042
West Coast	NIR Administrator West Coast District Health Board Community Services PO Box 387 Greymouth 7840	(03) 769 7531	(03) 769 7460
Whanganui	NIR Administrator Whanganui District Health Board Private Bag 3003 Wanganui 4540	(06) 348 1221	(06) 348 1783



and notification to the Medical Officer of Health

Mother:	Surname						NHI no:				DOB	I	I
	First Name/s												
Baby:	Surname						NHI no:				DOB	ı	I
	First Name/s							Male			Female		
Address	:						•						
Phone:		( )	)				Place of I	Birth:					
Alternat	ive Address:												
Phone:		( )	)										
20. 11	- 10												
	ne/Surgery:												
Address	:						1						
Phone:			)										
.ead Ma	ternity Carer:												
Ethnic g	group: (Tick a	ll that apply)	NZ I	European		Māori	Ton	gan	Chinese		Samoan	N	iuean
			Coc	k Islands	Māori	Indian	Oth	er (please	specify)				
lother	's hepatitis E	3 surface a	ntigen s	tatus:									
				itive	Г	Linknown	(If the seri	ology is upl	known it should	t ha cha	ekod urgantly)		
				- ILIVE	L	OTIKITOWIT	(II tile sere	nogy is ui i	CHOWITE SHOULD				
Parent	consent:												
	and that the co					_							patitis B if
	ther is a carrier :/do not conse												rth
	uardian:	Signati		аррпоаві			Name	Пораста		Торасно	Date	I	1
							J L					<u> </u>	'
	nt / do not co at age:	onsent (del	ete whic	ch is not	applica	ble) to the	above ch	ild recei	ving three fu	irther c	loses of hep	atitis B	
weeks:	_	ardian Signatı	ıre				Name				Date		
3 months	,	ardian Signati					Name				Date	<u>'</u>	
months		ardian Signati					Name				Date	<u> </u>	<u> </u>
				applicabl	a) to this	form boing give	J L	lodical Of	icor of Hoolth	the NID		and than	otiont's CD
	: / do not conse nat the above c							ieuicai Ol	icei oi neaith,	une MR/		ли итер	aueni S GP
Parent / G	Guardian:	Signatu	ure				Name [				Date		
At 9 mo	nths of age i	it is import	ant to cl	neck tha	it the ab	oove child is	immune	to (prot	ected agains	st) hep	atitis B with	a blood	test.
	agree to the							YES	NO				
This inf	ormation wi	II be record	led on tl	ne Natio	nal Imn	nunisation R	Register. F	— Please as	sk your doct	or or ni	urse for mor	e inforr	nation or
he NIR													
Protoco	ols and reco	rd of Hepat	itis B va	ccines g	iven:								
	Vaccine	Dose		Date give		Batch	Expir	ry Date	Body Site	V	accinator	V	accinator
	14450000		Day	Month	Year	Number	Month	Year	(see below)	Prir	nt Name and ID /NZNC APC) clearly		Signature
Birth	Нер В	10mcg		1						(	/		
Dir tir													

Body Site Codes: RVL - Right Vastus Lateralis (outer thigh); LVL - Left Vastus Lateralis (outer thigh); RD - right deltoid (upper arm); LD - left deltoid (upper arm); O - Other.

Key: Hep B = hepatitis B vaccine; HBIG = hepatitis B immunoglobulin; DTaP-IPV-Hep B/Hib = diphtheria, tetanus,

acellular pertussis, inactivated polio vaccine, hepatitis B, haemophilus influenzae type b vaccine

Lead maternity carer to complete after the birth immunisations.

Usual

• White copy to remain with maternity notes

Hep B/Hib DTaP-IPV-

- Fax/post a copy of the white page to the DHB NIR Administrator.
- Yellow copy to local Medical Officer of Health.
- · Green copy to patient's GP.





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their best protection

immunise



and notification to the Medical Officer of Health

Mother:	Surname					1	NHI no:			D	ОВ	
	First Name/s											
Baby:	Surname					1	NHI no:			D	ОВ	
	First Name/s							Male		Fe	emale	
Address:												
Phone:		( )				t	Place of E	Birth:				
Alternati	ve Address:											
Phone:		( )										
CD: Nome	a /Sundamu											
Address:	e/Surgery:											
Phone:												
	ounity Couon											
	ernity Carer:											
<b>Ethnic</b> g	roup: (Tick all	l that apply)	=	European	-	Māori	Tong	gan	Chines	se Se	Samoan	Niuean
			Coc	k Islands	Māori	Indian	Oth	er (please	specify)			
Mother's	s hepatitis B	surface ar	ntigen s	tatus:								
			Pos	itive		Unknown (It	f the sero	logy is unk	known it shou	ıld be checke	ed urgently)	
Parent c	onsent:											
Lundersta	and that the co	urse of four d	oses of h	epatitis B	vaccine a	and a single dose	e of hepat	titis B imm	nunoglobulin	will protect m	nost children fr	om hepatitis B if
their moth	ner is a carrier o	of the hepatit	is B antige	en. I have	been give	en information a	nd have h	nad any qu	uestions ansv	vered to my s	satisfaction.	
I consent,	/ do not conse	nt (delete wh	ich is not	applicabl	e) to the	above child rece	iving the	hepatitis (	3 vaccine and	d hepatitis B i	mmunoglobuli —	n at birth.
Parent/Gu	uardian:	Signatu	ire				Name				Date	
I consen		nsent (dele	ete whic	ch is not	applica	ble) to the ab	ove chi	ld receiv	ving three 1	further dos	ses of hepat	itis B
6 weeks:	_	ardian Signatu	ire				Name				Date	
3 months:	: Parent/Gua	ardian Signatu	ire				Name				Date	
5 months:	: Parent/Gua	ardian Signatu	ire				Name				Date	
I consent,	/ do not conse	nt (delete wh	ich is not	applicabl	e) to this	form being giver	n to the M	edical Off	icer of Health	n, the NIR Adr	ministrator and	the patient's GP t
				and the f	ull course	of these vaccine	Г					
Parent / G		Signatu					Name				Date	
	_					ove child is in	_			nst) hepati	itis B with a l	olood test.
	_					ou about this	_	YES	NO		o four man :	nformation or
the NIR.		i be record	ea on ti	ie Natio	nai imn	iunisation Re	gister. P	riease as	sk your aoc	tor or nurs	se for more I	nformation on
Protoco	ls and recor	d of Hepati	tis B va	ccines g	iven:							
	Vaccine	Dose		Date give	n	Batch	Expir	y Date	Body Site		cinator	Vaccinator
			Day	Month	Year	Number	Month	Year	(see below)		ame and ID NC APC) clearly	Signature
Birth	Нер В	10mcg										

	Vaccine	Dose	Dose Date given		Batch	Expiry Date		Body Site	Vaccinator	Vaccinator		
			Day	Month	Year	Number	Month	Month Year (see below)		Print Name and ID (NZMC/NZNC APC) clearly	Signature	
Birth	Нер В	10mcg		- 1	- 1							
	HBIG	100 IU	-									
6 weeks	DTaP-IPV- Hep B/Hib	Usual schedule	I	I	I		I	I				
3 months	DTaP-IPV- Hep B/Hib	Usual schedule	I	I	I		I	I				
5 months	DTaP-IPV- Hep B/Hib	Usual schedule	I	I	I		I	1				

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Mother: Surname				NHI no:			DO	В		
First Name/s										
Baby: Surname				NHI no:			DO	В		
First Name/s				Ī	Male		Fer	nale		
Address:					_					
Phone:	( )			Place of	Birth:					
Alternative Address:										
Phone:	( )									
GP: Name/Surgery:										
Address:										
Phone:	( )									
Lead Maternity Carer:										
Ethnic group: (Tick all	that apply)	NZ European Cook Islands Māc	Māori Indian	=	gan er (please	Chinese specify)	Sa	amoan	Niu	iean
Mother's hepatitis B	surface and	Positive	Unknown	(If the serc	ology is unk	nown it should l	oe checked	urgently)		
Parent consent:										
I understand that the cou their mother is a carrier of									from hep	atitis B if
I consent / do not conse		<u> </u>							ulin at birt	h.
Parent/Guardian:	Signatur	e		] <sub>Name 1</sub>						
				Name				Date		I
I consent / do not co vaccine at age:	nsent (dele	te which is not ap	plicable) to the a	l l	ild receiv	ving three fur	ther dose	Date	I	I
vaccine at age:	<b>ensent (dele</b> ardian Signatur		plicable) to the a	l l	ild receiv	ving three fur	ther dose	Date	I	1
vaccine at age: 6 weeks: Parent/Gua	-	е	plicable) to the a	above ch	ild receiv	ving three fur	ther dose	Date es of hepa	I	1
vaccine at age: 6 weeks: Parent/Gua 3 months: Parent/Gua	ardian Signatur	е	plicable) to the a	above ch	ild receiv	ving three fur	ther dose	Date Date Date	I	
vaccine at age: 6 weeks: Parent/Gua 3 months: Parent/Gua	ardian Signatur ardian Signatur ardian Signatur nt (delete whic	e e e ch is not applicable) to	o this form being giv	Above ch  Name  Name  Name				Date Date Date Date Date	htitis B	 
vaccine at age: 6 weeks: Parent/Gua 3 months: Parent/Gua 5 months: Parent/Gua I consent / do not conse	ardian Signatur ardian Signatur ardian Signatur nt (delete whic	e e ch is not applicable) to	o this form being giv	Above ch  Name  Name  Name				Date Date Date Date Date	htitis B	 
vaccine at age: 6 weeks: Parent/Gua 3 months: Parent/Gua 5 months: Parent/Gua I consent / do not conse ensure that the above ch Parent / Guardian:  At 9 months of age in	ardian Signatur ardian Signatur ardian Signatur nt (delete which nild receives fo Signatur t is importan	e e e e e e e e e e e e e e e e e e e	o this form being giv ourse of these vacc ne above child is	Name Name Name Name Name Name Name Name	dedical Off	icer of Health, th	ne NIR Admi	Date Date Date Date Date Date Date Date	I I I I I I I I I I I I I I I I I I I	             
vaccine at age:  6 weeks: Parent/Gua  3 months: Parent/Gua  5 months: Parent/Gua  I consent / do not consenensure that the above che Parent / Guardian:  At 9 months of age in Do you agree to the labore and the second se	ardian Signatur ardian Signatur ardian Signatur nt (delete which nild receives for Signatur t is importal Public Healt	e e e e e e e e e e e e e e e e e e e	o this form being giv ourse of these vacc ne above child is ting you about th	Above ch  Name   Name   Name   Name   Name   Name   Name   Name   Name	dedical Off to (prote	icer of Health, the ected against	ne NIR Admi	Date Date Date Date Date Date Date Date	I I I I I I I I I I I I I I I I I I I	                 
vaccine at age:  6 weeks: Parent/Gua  3 months: Parent/Gua  5 months: Parent/Gua  I consent / do not conse ensure that the above che  Parent / Guardian:  At 9 months of age in	ardian Signatur ardian Signatur ardian Signatur nt (delete which nild receives for Signatur t is importal Public Healt	e e e e e e e e e e e e e e e e e e e	o this form being giv ourse of these vacc ne above child is ting you about th	Above ch  Name   Name   Name   Name   Name   Name   Name   Name   Name	dedical Off to (prote	icer of Health, the ected against	ne NIR Admi	Date Date Date Date Date Date Date Date	I I I I I I I I I I I I I I I I I I I	                 
vaccine at age:  6 weeks: Parent/Gua  3 months: Parent/Gua  5 months: Parent/Gua  I consent / do not conseensure that the above che Parent / Guardian:  At 9 months of age if Do you agree to the little of the litt	ardian Signatur ardian Signatur ardian Signatur artidente whice artidente whice signatur t is importar Public Healt	e e e e e e e e e e e e e e e e e e e	o this form being giv ourse of these vacc ne above child is ting you about th	Above ch  Name   Name   Name   Name   Name   Name   Name   Name   Name	dedical Off to (prote	icer of Health, the ected against	ne NIR Admi	Date Date Date Date Date Date Date Date	I I I I I I I I I I I I I I I I I I I	                 

				_							
	Vaccine	Dose	Date given		n	Batch	Expiry Date		Body Site	Vaccinator	Vaccinator
			Day	Month	Year	Number	Month Year	(see below)	Print Name and ID (NZMC/NZNC APC) clearly	Signature	
Birth	Нер В	10mcg		1	- 1						
	HBIG	100 IU									
6 weeks	DTaP-IPV- Hep B/Hib	Usual schedule	I	I	I		- 1	I			
3 months	DTaP-IPV- Hep B/Hib	Usual schedule	I	I	ı		I	I			
5 months	DTaP-IPV- Hep B/Hib	Usual schedule	I	I	ı			I			

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