

## Instructions

This 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.

### Medical Officers of Health (send yellow page)

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 Tairāwhiti	Gisborne/Tairāwhiti	Population Health Te Puna Waiora, Hauora Tairāwhiti 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 GREYMOOUTH 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 (send 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
Tairāwhiti	NIR Administrator Tairāwhiti 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

**Consent for hepatitis B vaccine and hepatitis B immunoglobulin**  
and notification to the Medical Officer of Health

# Hepatitis B

**Mother:** Surname  NHI no:  DOB  |  |   
First Name/s

**Baby:** Surname  NHI no:  DOB  |  |   
First Name/s   Male  Female

**Address:**

**Phone:** (  ) **Place of Birth:**

**Alternative Address:**

**Phone:** (  )

**GP: Name/Surgery:**

**Address:**

**Phone:** (  )

**Lead Maternity Carer:**

**Ethnic group:** (Tick all that apply)  NZ European  Māori  Tongan  Chinese  Samoan  Niuean  
 Cook Islands Māori  Indian  Other (please specify)

**Mother's hepatitis B surface antigen status:**  
 Positive  Unknown (If the serology is unknown it should be checked urgently)

**Parent consent:**  
I understand that the course of four doses of hepatitis B vaccine and a single dose of hepatitis B immunoglobulin will protect most children from hepatitis B if their mother is a carrier of the hepatitis B antigen. I have been given information and have had any questions answered to my satisfaction.  
I consent / do not consent (delete which is not applicable) to the above child receiving the hepatitis B vaccine and hepatitis B immunoglobulin at birth.  
Parent/Guardian: Signature  Name  Date  |  |

**I consent / do not consent (delete which is not applicable) to the above child receiving three further doses of hepatitis B vaccine at age:**  
6 weeks: Parent/Guardian Signature  Name  Date  |  |   
3 months: Parent/Guardian Signature  Name  Date  |  |   
5 months: Parent/Guardian Signature  Name  Date  |  |

I consent / do not consent (delete which is not applicable) to this form being given to the Medical Officer of Health, the NIR Administrator and the patient's GP to ensure that the above child receives follow-up and the full course of these vaccines.  
Parent / Guardian: Signature  Name  Date  |  |

**At 9 months of age it is important to check that the above child is immune to (protected against) hepatitis B with a blood test.**  
**Do you agree to the Public Health Service contacting you about this?**  YES  NO  
**This information will be recorded on the National Immunisation Register. Please ask your doctor or nurse for more information on the NIR.**

**Protocols and record of Hepatitis B vaccines given:**

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

**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.
- White copy to remain with maternity notes.
- 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.



their best protection

**Lead maternity carer**  
(send copy to DHB NIR Administrator)

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and notification to the Medical Officer of Health

# Hepatitis B

**Mother:** Surname  NHI no:  DOB  |  |   
First Name/s

**Baby:** Surname  NHI no:  DOB  |  |   
First Name/s   Male  Female

**Address:**

**Phone:** (  ) **Place of Birth:**

**Alternative Address:**

**Phone:** (  )

**GP: Name/Surgery:**

**Address:**

**Phone:** (  )

**Lead Maternity Carer:**

**Ethnic group:** (Tick all that apply)  NZ European  Māori  Tongan  Chinese  Samoan  Niuean  
 Cook Islands Māori  Indian  Other (please specify)

**Mother's hepatitis B surface antigen status:**

Positive  Unknown (If the serology is unknown it should be checked urgently)

**Parent consent:**

I understand that the course of four doses of hepatitis B vaccine and a single dose of hepatitis B immunoglobulin will protect most children from hepatitis B if their mother is a carrier of the hepatitis B antigen. I have been given information and have had any questions answered to my satisfaction.

I consent / do not consent (delete which is not applicable) to the above child receiving the hepatitis B vaccine and hepatitis B immunoglobulin at birth.

Parent/Guardian: Signature  Name  Date  |  |

**I consent / do not consent (delete which is not applicable) to the above child receiving three further doses of hepatitis B vaccine at age:**

6 weeks: Parent/Guardian Signature  Name  Date  |  |

3 months: Parent/Guardian Signature  Name  Date  |  |

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Parent / Guardian: Signature  Name  Date  |  |

**At 9 months of age it is important to check that the above child is immune to (protected against) hepatitis B with a blood test.**

**Do you agree to the Public Health Service contacting you about this?**  YES  NO

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New Zealand Government



Medical Officer of Health

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 First Name/s

**Baby:** Surname  NHI no:  DOB  |  |   
 First Name/s   Male  Female

**Address:**

**Phone:** (  ) **Place of Birth:**

**Alternative Address:**

**Phone:** (  )

**GP: Name/Surgery:**

**Address:**

**Phone:** (  )

**Lead Maternity Carer:**

**Ethnic group:** (Tick all that apply)  NZ European  Māori  Tongan  Chinese  Samoan  Niuean  
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I consent / do not consent (delete which is not applicable) to the above child receiving the hepatitis B vaccine and hepatitis B immunoglobulin at birth.

Parent/Guardian: Signature  Name  Date  |  |

**I consent / do not consent (delete which is not applicable) to the above child receiving three further doses of hepatitis B vaccine at age:**

6 weeks: Parent/Guardian Signature  Name  Date  |  |

3 months: Parent/Guardian Signature  Name  Date  |  |

5 months: Parent/Guardian Signature  Name  Date  |  |

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