

IMMUNISATION CERTIFICATE

This certificate is required by the health (Immunisation) Regulations 1995. It is to be shown when a child starts at an early childhood centre, kohanga reo or primary school.

Child's family name

Child's first name

Birth date

Vaccinator to complete information on early childhood immunisations, according to the National Immunisation Schedule. If not confident about receipt of all doses required to be fully immunised, either give necessary dose(s) or record as 'not fully immunised.'

1 Fully immunised to 15 months Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, or laboratory proven infection/immunity:

Diphtheria	<input type="checkbox"/>	Hib	<input type="checkbox"/>	Measles	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Rubella	<input type="checkbox"/>

Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date / /

Practice Stamp, or name and address of vaccinator

2 Fully immunised to 5 years Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, or laboratory proven infection/immunity:

Diphtheria	<input type="checkbox"/>	Hib	<input type="checkbox"/>	Measles	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Rubella	<input type="checkbox"/>

Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date / /

Practice Stamp, or name and address of vaccinator

IMMUNISATION CERTIFICATE

This certificate is required by the health (Immunisation) Regulations 1995. It is to be shown when a child starts at an early childhood centre, kohanga reo or primary school.

Child's family name

Child's first name

Birth date

Vaccinator to complete information on early childhood immunisations, according to the National Immunisation Schedule. If not confident about receipt of all doses required to be fully immunised, either give necessary dose(s) or record as 'not fully immunised.'

1 Fully immunised to 15 months

Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, or laboratory proven infection/immunity:

Diphtheria

Hib

Measles

Tetanus

Hepatitis B

Mumps

Pertussis

Polio

Rubella

Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date

Practice Stamp, or name and address of vaccinator

2 Fully immunised to 5 years

Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, or laboratory proven infection/immunity:

Diphtheria

Hib

Measles

Tetanus

Hepatitis B

Mumps

Pertussis

Polio

Rubella

Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date

Practice Stamp, or name and address of vaccinator