

September 2020

INZ 1251



Settlement Vaccinations

Please give details of any vaccines provided. If more than two vaccines provided, please attach the details of the additional vaccines. Vaccinations SHOULD NOT be given if the client has declined consent.

Exam date

Contraindications

- Adverse reaction to former immunisation
 Temporary medical contraindication
 Medical contraindication

Remarks

| Disease / Vaccine | Administered by clinic | Batch Number | Batch expiry |
|-----------------------|--|--------------|---------------------------------------|
| | | | <input type="text" value="DDMMYYYY"/> |
| Route | <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Intramuscular <input type="checkbox"/> Intradermal <input type="checkbox"/> Oral <input type="checkbox"/> Other | | |
| Site | <input type="checkbox"/> Oral <input type="checkbox"/> Left deltoid <input type="checkbox"/> Right deltoid <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Left vastus lateralis <input type="checkbox"/> Right vastus lateralis <input type="checkbox"/> Other | | |
| Waiver reasons | <input type="checkbox"/> Contraindicated <input type="checkbox"/> Vaccine not available <input type="checkbox"/> Inappropriate time for NZ schedule | | |
| Remarks | <input type="text"/> | | |

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| D | D | M | M | Y | Y | Y | Y | | | | |
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