

Hepatitis B

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

This form is completed by the consenting parent and the lead maternity carer (LMC) after the birth immunisations.

Instructions

- ☐ The white LMC page is to remain with the maternity notes.
- ☐ Send a copy of the white page to the local Aotearoa Immunisation Register (AIR) 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
Te Tai Tokerau	Northland/Te Tai Tokerau	Public and Population Health Unit Tohora House, Carpark 15 Maunu Road, Whangārei Private bag 9742, WHANGĀREI	0800 221 555
Auckland Regional Public Health Service	Tāmaki Makaurau-Auckland	Auckland Regional Public Health Service Cornwall Complex, Building 15 Greenlane, Private Bag 92 605 Symonds Street, AUCKLAND 1150	0800 221 555
Waikato	Waikato Ruapehu (northern part)	Public Health Unit Waikato District Health Board Level 1, Waiora CBD, 87 Alexandra Street Private Bag 3200, HAMILTON 3240	0800 221 555
Toi Te Ora – Public Health	Whakatāne, Tauranga, Rotorua and Taupō	Bay of Plenty and Lakes National Public Health Service PO Box 2120 Tauranga 3144	0800 221 555
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
Taranaki	Taranaki	Public Health Unit Barrett Building, Tukapa Street Private Bag 2016, NEW PLYMOUTH 4342	(06) 753 7798
Hawke's Bay	Hawke's Bay	Hawke's Bay DHB, Population Health Napier Health Centre – 1st Floor, 76 Wellesley Road PO Box 447, NAPIER 4140	(06) 834 1815
MidCentral	Manawatū, Tararua, Horowhenua, Palmerston North City	Public Health Unit Community Health Village Palmerston North Hospital PO Box 11036, PALMERSTON NORTH 4440	(06) 350 9110
	Whanganui, Ruapehu (Southern part) and Rangitikei	Public Health Centre Lambie Hostel, Whanganui Hospital Private Bag 3003, WHANGANUI 4540	(06) 348 1775
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
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
	Marlborough	Blenheim Office, 22 Queen Street PO Box 46, BLENHEIM 7240	(03) 520 9914
Community and Public Health	Canterbury, Chatham Islands	Canterbury, Chatham Islands PO Box 1475, CHRISTCHURCH 8140	(03) 364 1777
	Mid Canterbury	PO Box 110 ASHBURTON	(03) 307 6902
	South Canterbury	Private Box 510 TIMARU 7940	(03) 687 2600
	West Coast	PO Box 443 GREYMOUTH 7840	(03) 768 1160
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

District AIR Administrators (send white page)

Health District	Address	Phone
Auckland	AIR Administrator HealthWEST PHO PO Box 104 098 Lincoln North, Auckland 0654	0800 929 999
Bay of Plenty	AIR Coordinator Aotearoa Immunisation Register Private Bag 12024 Tauranga 3143	0800 476 887
Capital & Coast	AIR Administrator Tū Ora Compass Health Level 2, 35 – 37 Chapel Street Masterton 5810	04 886 5020 or 04 260 6611
Counties Manukau	AIR Administrator Counties Manukau District Health Board Private Bag 93 311 Ōtāhuhu, Auckland 1640	0800 454 375
Canterbury	AIR Administrator Canterbury District Health Board PO Box 800 Christchurch 8140	(03) 337 8966
Hawke's Bay	AIR Administrator Hawke's Bay District Health Board Public Health Unit Napier Health Centre PO Box 447 Napier 4140	027 278 0363
Hutt Valley	AIR Coordinator Regional Public Health Hutt Valley District Health Board Private Bag 31 907 Lower Hutt 5040	(04) 570 9797
Lakes	AIR Administrator Lakes District Health Board Pukeroa Hill Private Bag 3023 Rotorua 3046	027 223 2406
MidCentral	AIR Administrator MidCentral District Health Board Private Bag 11 036 Palmerston North 4442	027 447 1027
Nelson-Marlborough	AIR Administrator Nelson Marlborough District Health Board PO Box 647 Nelson 7040	0800 505 999
Northland/Te Tai Tokerau	AIR Coordinator Northland District Health Board PO Box 742 Whangārei 0140	021 753 552
South Canterbury	AIR Administrator Primary Community Services South Canterbury District Health Board Private Bag 911, Timaru 7940	(03) 687 2317
Southern (Otago)	AIR Coordinator Public Health South Southern District Health Board Private Bag 1921, Dunedin 9054	0800 787 998
Southern (Southland)	AIR Coordinator Vaccine Preventable Disease Team Southern District Health Board PO Box 828, Invercargill 9840	0800 787 998
Tairāwhiti	AIR Administrator Tairāwhiti District Health Board Private Bag 7001 Gisborne 4040	(06) 869 2092 Ext. 8732
Taranaki	AIR Administrator AIR Coordinator David St Private Bag 2016 New Plymouth 4342	(06) 753 7702
Waikato	AIR Coordinator Waikato District Health Board PO Box 934 Hamilton 3240	0800 100 273
Wairarapa	AIR Administrator Tū Ora Compass Health Level 2, 35 – 37 Chapel Street Masterton 5810	(06) 370 8055
Waitematā	AIR Administrator HealthWEST PO Box 104 098 Lincoln North, Auckland 0654	0800 929 999
West Coast	AIR Administrator West Coast District Health Board Community Services PO Box 387 Greymouth 7840	(03) 769 7531
Whanganui	AIR Administrator Whanganui District Health Board Private Bag 3003 Whanganui 4540	(06) 348 1221

Hepatitis B

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

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 AIR 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 Aotearoa Immunisation Register. Please ask your doctor or nurse for more information on the AIR.

	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			
Birth	Hep B	10mcg									
	HBIG	110 IU									
6 weeks	DTaP-IPV-Hep B/Hib	Usual schedule									
3 months	DTaP-IPV-Hep B/Hib	Usual schedule									
5 months	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.
- Send a copy of the white page to the local AIR Administrator.
- Yellow copy to local Medical Officer of Health.
- Green copy to patient's GP.

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

Lead maternity carer
(send copy to local AIR
Administrator)

Hepatitis B

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

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 AIR 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 Aotearoa Immunisation Register. Please ask your doctor or nurse for more information on the AIR.

	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			
Birth	Hep B	10mcg									
	HBIG	110 IU									
6 weeks	Hep B/Hib	Usual schedule									
3 months	DTaP-IPV-Hep B/Hib	Usual schedule									
5 months	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.
- Send a copy of the white page to the local AIR Administrator.
- Yellow copy to local Medical Officer of Health.
- Green copy to patient's GP.

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora



Hepatitis B

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

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 AIR 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 Aotearoa Immunisation Register. Please ask your doctor or nurse for more information on the AIR.

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			
Birth	Hep B	10mcg									
	HBIG	110 IU									
6 weeks	DTaP-IPV- Hep B/Hib	Usual schedule									
3 months	DTaP-IPV- Hep B/Hib	Usual schedule									
5 months	DTaP-IPV- Hep B/Hib	Usual schedule									