LAKES DISTRICT HEALTH BOARD

Referral for BCG Vaccination

Baby's Name:

Date of Birth Male/Female

Ethnicity and/or risk factors:

Parent/Caregivers Name:

Address:

Phone: Mobile:

GP details:

Name of Midwife/LMC:

Midwife/LMC contact details:

Interpreter required: **Y/N**

Person requesting vaccination:

Name: **Phone Number:**

Signature: **Date:**

Once completed please return to:

Rotorua Office:
Public Health Nurse
PH 07 343 7747
FAX: 07 349 7842

Taupo Office
Public Health Nurse
PH: 07 378 5306
FAX: 07 376 1003