

# Primary Childhood Immunisation (PCI) Record

The purpose of this document is to support General Practitioners (GPs) to retain a temporary record, pending entry into the GP Practice Management System(PMS) or GPVax.

- Recording Vaccination records for children born on/after 1st October 2025, where PCI administered prior to NIIS Go Live in GP PMS/GPVax.
- Recording Vaccine where Child's PPS number is unavailable when vaccine administered.
- Existing GP PMS/GPVax is temporarily unavailable.

## Child Details:

*Child's Forename:	*Child's Surname:
*Child's Date of Birth:	Child's PPSN where available:
*Home address:	
*Eircode:	

\*Mandatory fields. Babies are given their first vaccines at two months of age, regardless of whether they have yet received a PPSN.

## Record of Parental/Legal Guardian Consent (if not available via local GP processes)

- I understand possible adverse reactions to these vaccines.
- I give consent for the above named child to be vaccinated against the listed diseases.
- I understand this data will be stored securely on the GP Practice Management System and the HSE's National Immunisation Information System.

Select the relevant vaccines that are being consented for administration by GP/Practice Nurse:

### 2024 PCI Schedule

Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haemophilus Influenzae B (Hib), Hepatitis B (6 in 1)   
Pneumococcal (PCV)  Meningococcal B (MenB)  Rotavirus  Measles Mumps Rubella (MMR)   
Chickenpox (Varicella)  Meningococcal C (MenC)

### 2016 PCI Schedule

Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haemophilus Influenzae B (Hib), Hepatitis B (6 in 1)   
Pneumococcal (PCV)  Meningococcal B (MenB)  Rotavirus  Meningococcal C (MenC)   
Measles Mumps Rubella (MMR)  Hib/MenC (Haemophilus Influenzae B and MenC combined vaccine)

Consent: Yes  No  Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Name (BLOCK CAPITALS): \_\_\_\_\_  
(Please tick) Parent  Legal Guardian

## Details of Vaccine Administered

Vaccine Type	Date given dd/mm/yy	Vaccine name/Manufacturer	Batch no.	Expiry Date Month/year	Site Given	Vaccinator's signature & PIN/MCRN