

# GUARDIAN/CAREGIVER CONSENT FORM

## Influenza Immunisation Consent Form

Patient surname \_\_\_\_\_ Patient first name \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_  M  F NHI \_\_\_\_\_

Address \_\_\_\_\_

Doctor's name/surgery address of patient \_\_\_\_\_

**This form confirms that you have given your consent for a person under your guardianship to have the influenza vaccine for our records. Young people aged 16 years and above can consent to vaccination.**

### 1. Does any of the following eligibility criteria for a free vaccine apply to the patient? If yes, please tick

- Children aged 6 months to their fifth birthday who are enrolled in an **Eligible Practice\***
- Aged 65 years or older
- Cardiovascular (heart) disease
- Chronic respiratory (lung) disease (including asthma if on regular preventive treatment)
- Diabetes
- Chronic renal (kidney) disease
- Cancer (patient currently has cancer), excluding basal and squamous skin cancers if not invasive
- Other (please specify)

### 2. Please consider the following. If any of the following apply to the patient, then please consult their healthcare professional. (Please tick) YES/NO

- |   |                       |                       |
|---|-----------------------|-----------------------|
| Bleeding disorder   | <input type="radio"/> | <input type="radio"/> |
| Cardiovascular (heart) disease                                    | <input type="radio"/> | <input type="radio"/> |
| Chronic respiratory (lung) disease                                | <input type="radio"/> | <input type="radio"/> |
| Diabetes  | <input type="radio"/> | <input type="radio"/> |
| Chronic renal (kidney) disease                                    | <input type="radio"/> | <input type="radio"/> |
| Cancer  | <input type="radio"/> | <input type="radio"/> |
| Allergy to eggs and/or any poultry products e.g. chicken feathers | <input type="radio"/> | <input type="radio"/> |
| Guillain-Barré syndrome (paralysis problem)                       | <input type="radio"/> | <input type="radio"/> |

### 3. Influenza immunisation should not be given to anyone:

- Who is acutely unwell with high fever; or
- Who has previously had a severe allergic reaction with respiratory and/or cardiac involvement to any component in the influenza vaccines.

### 4. Possible responses to influenza immunisation

Influenza immunisation is usually well tolerated. Possible responses include redness, tenderness or a hardness at the injection site for a day or two; a mild fever, muscle ache or headache within the first 2 days. Rarely, an allergic reaction can occur almost immediately. Influenza immunisation is highly effective but cannot guarantee complete protection against catching influenza.

**The patient should remain under observation for 20 minutes after their immunisation.**

\* Eligible practices (for 2010 only) have 50% or more of their enrolled children under 6 years identified as high needs (Maori, Pacific, high deprivation). These practices will be able to offer subsidised influenza vaccine to all children aged 6 months to their fifth birthday regardless of health status. Please see Appendix A in section 2.14 for a complete list of Eligible Practices.

***I have read or have had explained to me the Information Leaflet about influenza vaccine, and I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccination.***

***I understand getting the patient vaccinated is my choice. I agree to get the patient vaccinated and that it is recommended that we wait here for 20 minutes after their vaccination.***

***I consent to this information being given to the patient's healthcare provider to update applicable records.***

Name of Guardian/Caregiver: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Immunisation Record (for Clinic Use Only)

**Vaccine Batch Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Administered: Left / Right Arm** \_\_\_\_\_

**Vaccinator:** \_\_\_\_\_

The influenza vaccine is a Prescription Medicine. Talk to your doctor or nurse about the benefits and possible risks.