

流行性感疫苗接种同意书

Influenza immunisation consent form

此同意书旨在记录您同意接种流行性感疫苗。

This form records your consent to have an influenza immunisation.

患者/监护人详情 Patient/Guardian details

姓氏: _____ 名字: _____ 电话: _____
Surname / family name First name Phone

出生日期: _____ 性别: ·男 ·女 NHI: _____
(日/月/年) (请画圈选择) (国家医疗编号) 如果知道编号
Date of birth (DD/MM/YYYY) Gender: Male Female (please circle one) NHI (National Health Index) number if known

族裔 (请画圈选择):

Ethnicity (please circle one or more)

· 新西兰欧裔 · 毛利人 · 萨摩亚人 · 库克群岛毛利人 · 汤加人 · 纽埃人 · 华人 · 印度人
NZ European Māori Samoan Cook Island Māori Tongan Niuean Chinese Indian

· 其他 (如荷兰人、日本人、托克劳人), 请详细说明: _____
Other (such as Dutch, Japanese, Tokelauan) Please state which other ethnicity

监护人姓名 (如果适用): _____
Name of guardian (if applicable)

患者地址: _____
Patient's address

患者医生的姓名和地址: _____
Patient's doctor's name and address

如果以下任何一项适用您 / 接受接种者, 请告知医务人员:

If any of the following apply to you/the person being immunised, please advise the healthcare professional

- 目前因发高烧而身体不适
Currently unwell with a high fever
- 对任何食物或药物过敏
Allergic to any food or medicine
- 正在服用血液稀释剂或患有出血性疾病
Taking blood thinning medication or have a bleeding disorder
- 在过去的12个月里接受过癌症治疗
Had treatment for cancer during the last 12 months
- 过去接种流感疫苗后有严重反应
Had a severe response to an influenza immunisation in the past

接种流行性感疫苗后的可能反应

Possible responses to influenza vaccination

流行性感疫苗通常耐受性良好。可能的反应包括疼痛、接种部位变红和/或肿胀持续一或两天;头两天内出现低烧、肌肉疼痛或头疼。罕见情况下可能会出现过敏反应。

Influenza immunisation is usually well tolerated. Possible responses include pain, redness and/or swelling at the injection site for a day or two; a mild fever, muscle aches or headache within the first two days. Rarely, an allergic response can occur.

接种后应接受观察, 以免出现过敏反应。

医务人员会告知需要观察多长时间, 最多可能是 20 分钟。

You/the immunised person should remain under observation in case of an allergic response. You will be advised how long to wait; this could be up to 20 minutes.

流行性感疫苗不会预防其他呼吸道病毒, 如普通感冒。欲了解可能的益处和风险, 请咨询医务人员。欲详细了解流行性感疫苗, 请阅读 www.medsafe.govt.nz 网站上的消费者医学宣传单。

Influenza immunisation does not protect against other respiratory viruses such as the common cold. Talk to your healthcare professional about the possible benefits and risks. For more information about the influenza vaccine, please refer to the consumer medicine information sheet located at www.medsafe.govt.nz

国家免疫登记

National Immunisation Register

卫生部会在国家免疫登记处保留流行性感冒疫苗接种记录,以便获得授权的医务人员可以了解您已接种过哪些疫苗。

The Ministry of Health keeps a record of influenza immunisations on the National Immunisation Register so that authorised healthcare professionals can find out what immunisations have been given.

这有助于监测人群中的流行性感冒预防。

It helps monitor the population's protection against influenza.

如果您不希望将您的免疫记录保存在国家免疫登记处,请告知您的医务人员。

If you do not want your immunisation recorded on the National Immunisation Register please advise your healthcare professional.

同意声明:

Consent statements

我已阅读并理解有关流行性感冒疫苗接种的资讯,其中包括接种后的观察时间。

I have read or have had explained to me information about influenza immunisation, including how long to wait after the immunisation.

我曾有机会提问,而且满意解答结果。

I have had a chance to ask questions that were answered to my satisfaction.

我相信,我理解流行性感冒免疫接种可能带来的益处和风险。

I believe I understand the possible benefits and risks of influenza immunisation.

我理解,接受流行性感冒免疫接种是一种选择。

I understand that influenza immunisation is a choice.

我同意接受流行性感冒免疫接种。

I consent to the influenza immunisation being given.

我同意与我的/接受接种者的常规医务人员分享此接种资讯。

I agree for this immunisation information to be shared with my/the immunised person's regular healthcare provider.

签字: _____

Signed

日期(日/月/年): _____

Date (DD/MM/YYYY)

监护人签字(如果适用): _____

Signed by Guardian (if applicable)

与患者的关系: _____

Relationship to the patient

疫苗接种记录(只供临床使用)

Vaccination record (clinical use only)

| | |
|-------------------------------|--|
| 疫苗: Vaccine | 接种部位: 左 / 右臂 Administered: Left / right arm |
| 疫苗批号: Vaccine batch number | 有效期: Expiry date |
| 接种者: Vaccinator | 流行性感冒疫苗属于处方药物。 The influenza vaccine is a prescription medicine. |