

# Puka Whakaae Mō Te Ārainga Mate Rewharewha/Whurū

Influenza immunisation consent form

## E mau ana i tēnei puka tō whakaae kia whai i tētahi ārainga mate rewharewha

This form records your consent to have an influenza immunisation.

### Ngā taipitopito o te Tūroro/Kaitiaki

Patient/Guardian details

Ingoa whānau: \_\_\_\_\_ Ingoa tuatahi: \_\_\_\_\_ Waea: \_\_\_\_\_  
Surname / family name First name Phone

Rā whānau: \_\_\_\_\_ Ira tangata: • Tane • Wahine NHI: \_\_\_\_\_  
(RR/MM/TTTT) (me porohita kia kotahi) (Taupū Hauora ā-Motu) tau mēnā e mōhiotia ana  
Date of birth (DD/MM/YYYY) Gender: Male Female (please circle one) NHI (National Health Index) number if known

Mātāwaka (porohita kia kotahi, neke atu rānei):  
Ethnicity (please circle one or more)

• Pākehā • Māori • Hāmoa • Kuki Airani Māori • Tonga • Niue • Hainamana • Īnia  
NZ European Māori Samoan Cook Island Māori Tongan Niuean Chinese Indian

• Tētahi atu (pērā i te Tati, Hapanihi, Tokerau) Me tuhi mai tētahi atu mātāwaka: \_\_\_\_\_  
Other (such as Dutch, Japanese, Tokelauan) Please state which other ethnicity

Ingoa o te kaitiaki (mēnā e hāngai ana): \_\_\_\_\_  
Name of guardian (if applicable)

Wāhi noho o te tūroro: \_\_\_\_\_  
Patient's address

Ingoa me te wāhi noho o te rata o te tūroro: \_\_\_\_\_  
Patient's doctor's name and address

## Mēnā e hāngai ana tētahi o ēnei ki a koe/te tangata rānei kei te whiwhi ārainga mate, tēnā whakaaturia mai ko wai te mātanga hauora:

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

- Kei te māuiui i tēnei wā me te kirikā  
Currently unwell with a high fever
- He pāwera koe ki tētahi kai, rongoā rānei  
Allergic to any food or medicine
- Kei te kai rongoā whakawaimaha toto, he mate toto rānei tōu  
Taking blood thinning medication or have a bleeding disorder
- I whiwhi whakamaimoa mate pukupuku koe i ngā marama 12 kua hipa  
Had treatment for cancer during the last 12 months
- He pānga kino ki a koe mai i tētahi ārainga mate rewharewha i mua  
Had a severe response to an influenza immunisation in the past

## Ngā urupare pea ki te ārainga mate rewharewha

Possible responses to influenza vaccination

Ka āhua pai noa te tinana ki te ārainga mate rewharewha. Ko ētahi urupare ko te mamae, ka whero, pupuhi hoki/rānei i te wāhi i weroa mō tētahi rā, e rua rānei; he kirikā paku nei, ka mamae ngā uaua, ka ānini rānei te mātanga hauora i ngā rā e rua i muri mai. He tino rerekē ki te pā mai he urupare pāwera.

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.

## Me mātakitakina koe/te tangata i whiwhi ārainga mate kei tūpono pā mai he pāwera. Ka whakamōhiotia atu koe e hia te roa me tatari; atu ki te 20 meneti pea te roa.

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.

Kāore koe e tiakina e te ārainga mate mai i ētahi atu huaketo romahā pērā i te whurū. Me kōrero atu ki tō mātanga hauora mō ngā painga me ngā mōrea pea ka taea. Mō ētahi atu mōhiotia mō te kano ārai mate rewharewha, me haere ki te pepa whakamārama rongoā kiritaki kei [www.medsafe.govt.nz](http://www.medsafe.govt.nz)

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](http://www.medsafe.govt.nz)

# Te Rēhita Ārainga Mate ā-Motu

National Immunisation Register

Kei Te Manatū Hauora tētahi whakaaturanga o ngā ārainga mate rewharewha kei te Rēhita Ārainga Mate ā-Motu kia taea ai e ngā mātanga hauora whai mana te rapu he aha ngā ārainga mate kua tukuna.

*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.*

Ka āwhina ki te aroturuki i te whakamarutanga o te iwi whānui mai i te rewharewha.

*It helps monitor the population's protection against influenza.*

Mēnā kāore koe i te hiahia kia tuhia tō ārainga mate ki te Rēhita Ārainga Mate ā-Motu, me whakamōhio atu ki tō mātanga hauora.

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

## Ngā Tauākī Whakaae:

Consent statements

Kua pānuitia e au, kua whakamāramahia mai rānei ki ahau ngā mōhiohio mō te ārainga mate rewharewha, tae atu ki te roa o te wā me tatari i muri i te ārainga mate.

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

I whai wāhi ahau ki te tuku pātai, ā, i pai ki ahau ngā whakautu.

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

E whakapono ahau kei te mārāma ki ahau ngā painga me ngā mōrea pea o te ārainga mate rewharewha.

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

E mārāma ana ahau kei ahau te tikanga mō te ārainga mate rewharewha.

*I understand that influenza immunisation is a choice.*

E whakaae ana ahau ki te ārainga mate rewharewha e tukuna ana.

*I consent to the influenza immunisation being given.*

E whakaae ana ahau kia tuarhia ēnei mōhiohio ārainga mate ki taku kaiwhakarato hauora, ki te kaiwhakarato hauora rānei o te tangata whiwhi ārainga mate.

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

Waitohu: \_\_\_\_\_

*Signed*

Rā (RR/MM/TTTT): \_\_\_\_\_

*Date (DD/MM/YYYY)*

I waitohua e te Kaitiaki

(mēnā e hāngai ana): \_\_\_\_\_

*Signed by Guardian (if applicable)*

Pānga ki te tūroro: \_\_\_\_\_

*Relationship to the patient*

## Whakaaturanga kano ārai mate (mā ngā kaihaumanu anake)

Vaccination record (clinical use only)

Kano ārai mate: <i>Vaccine</i>	I tukuna: Ringa mauī / matau <i>Administered: Left / right arm</i>
Tau ā-tira kano ārai mate: <i>Vaccine batch number</i>	Rā mōnehu: <i>Expiry date</i>
Kaituku kano ārai mate: <i>Vaccinator</i>	<b>He rongōā tūtohutanga te ārainga mate rewharewha.</b> <i>The influenza vaccine is a prescription medicine.</i>