

Pepa fa'ataga mo le tui puipui o le fulū

Influenza immunisation consent form

'Ua fa'amauiina i lenei pepa lou malie e fai sou tui puipui o le fulū

This form records your consent to have an influenza immunisation.

Fa'amatalaga au'ili'ili o le Tagata Ma'i/o le Matua Tausi Patient/Guardian details

Fa'ai'u/suafa o le 'āiga: _____ Igoa muamua: _____ Telefoni: _____
Surname / family name First name Phone

Aso Fānau: _____ Itupā: • Ali'i/Itupā • Tama'ita'i NHI numera pe'ā iloa: _____
(Aso/Māsina/Tausaga) (Li'o le tali e fetau) (Fa'ailo Fa'aleatunu'u o le Soifua Mälöloina)
Date of birth (DD/MM/YYYY) Gender: Male Female (please circle one) NHI (National Health Index) number if known

Itū'āiga tagatanu'u: (Li'o se/ni tali e fetau fa'amolemole)

Ethnicity (please circle one or more)

• Papālagi Niu Sila • Māori • Sāmoa • Atu Kuki • Toga • Niue • Saina • 'Initia
NZ European Māori Samoan Cook Island Māori Tongan Niuean Chinese Indian

• Isi (pei o Holani, Iapani, Tokelau) Fa'amolemole tusi mai le igoa o le itū'āiga tagatanu'u: _____
Other (such as Dutch, Japanese, Tokelauan) Please state which other ethnicity

Igoa o le matua tausii (pe 'āfai 'o ia lea e va'aia 'oe): _____
Name of guardian (if applicable)

Tuātusi o le Tagata Ma'i: _____
Patient's address

Igoa o le Fōma'i a le Tagata Ma'i, ma lona tuātusi: _____
Patient's doctor's name and address

'Āfai 'o 'e maua i nisi o mea nei/ le tagata 'olo'o tui, fa'amolemole logo le tagata tausisoifua:

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

- 'Olo'o fa'ama'ima'i ma maua i le fiva maualuga
Currently unwell with a high fever
- Sa togafitia mo le kanesa i le 12 māsina talu ai
Had treatment for cancer during the last 12 months
- A'afia i se ma'i oso/pata 'ona 'o se mea'ai po'o se vailā'au
Allergic to any food or medicine
- Telē se fa'alētonu na tupu ina 'ua tui mo le fulū i se taimi talu ai
Had a severe response to an influenza immunisation in the past
- 'Olo'o inu se vai fa'amanifi toto po'o fa'alētonu le palapala lau
Taking blood thinning medication or have a bleeding disorder

'O ni mea e ono tutupu pe 'ā faia se tui o le fulū

Possible responses to influenza vaccination

E māsani lava ona taliagōfie le tui o le fulū e tagata. 'O nisi mea e tutupu mai e aofia ai le tīgā, mūmū po'o le fufula o le tulaga tui mo se aso po'o ni aso se lua; fiva feoloolo, maso tīgā po'o se ulu tīgā niniva i totonu o aso muamua e lua. Seāseā ona tupu se ma'i pata po'o se ma'i oso.

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.

'O 'oe, le tagata na tui e tatau ona nofo va'ava'ia ina ne'i iai se ma'i pata po'o se ma'i oso e tupu mai. E fautuaina 'oe i le 'umi 'e te fa'atali ai; e ono o'o atu 'i le 20 minute.

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.

E lē puipuia e le tui o le fulū isi vairusi e manavaina e pei o le fa'ama'alili. Talanoa i lau tagata tausisoifua e uiga i itū aogā ma itū lē lelei. Mo nisi fa'amatalaga e uiga i le tui o le fulū, fa'amolemole va'ai le pepa e uiga i fa'amatalaga o vailā'au 'olo'o fa'aogāina e tagata 'olo'o maua i le 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

Resitara o Tagata 'Ua Tui o le Atunu'u 'Ātoa

National Immunisation Register

'Olo'o teuina e le Matāgālua e le Soifua Mālōlōina se lisi o tagata 'ua fai o latou tui fulū i le Resitara o Tagata 'Ua Tui o le Atunu'u 'Ātoa 'ina 'ia iloa ai e tagata tausisoifua fa'atagaina o tui 'ua mae'a ona faia.

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.

E fesoasoani e pu'ēmau ai puipuiiga a tagata lautele i le fulū.

It helps monitor the population's protection against influenza.

'Āfai 'e te lē mana'o e resitaraina lou tui i luga o le Resitara o Tagata 'Ua Tui o le Atunu'u 'Ātoa fa'amolemole fa'ailoa i lau tagata tausisoifua mālōlōina.

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

Fa'amatalaga o le Taliaina:

Consent statements

'Ua 'uma ona 'ou faitauina pe 'ua fa'amatalaina mai fo'i 'iā a'u fa'amatalaga e uiga i le tui fulū, e aofia ai ma le 'umi e fa'atali ai pe 'ā 'uma ona tui.

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

Sa maua se avanoa e fesili ai ma fa'amatalaina mai tali sa 'ou taliaina.

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

'Ou te talitonu 'ua 'ou mālmalama i fa'amanuiaga ma lamatiaga o le tui o le fulū.

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

'Ua 'ou mālmalama fo'i 'o le tui o le fulū e faia i luga o lau filifiliga.

I understand that influenza immunisation is a choice.

'Ua 'ou tali atu 'i le 'ioe e fai lo'u tui fulū.

I consent to the influenza immunisation being given.

'Ua 'ou 'ioe atu 'ina 'ia fa'asoa atu nei fa'amatalaga o le tui fulū 'i la'u tagata tausisoifua po'o le tagata tausisoifua a le tagata na tui.

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

Sainia: _____

Signed

Aso (Aso/Māsina/Tausaga): _____

Date (DD/MM/YYYY)

Sainia e le Matua Tausi

(Pe'āfai na a'afia): _____

Signed by Guardian (if applicable)

Fāiā i le tagata ma'i: _____

Relationship to the patient

Fa'amauga o tui (fa'amatalaga mo le falema'i)

Vaccination record (clinical use only)

Tui: <i>Vaccine</i>	Tui le: Lima agavale / lima taumatau <i>Administered: Left / right arm</i>
Numera o le tui: <i>Vaccine batch number</i>	Aso e 'uma ai le lelei: <i>Expiry date</i>
Tagata na faia le tui: <i>Vaccinator</i>	'O le tui o le fulū e fa'atonuina e se fōma'i. <i>The influenza vaccine is a prescription medicine.</i>