

Foomu fakahaa'i 'o e loto fiemālie ki he huhu malu'i fulū' (influenza) Influenza immunisation consent form

Ko e foomu ko 'eni' 'oku fakahaa'i ai ho'o loto ke huhu malu'i fulū koe

This form records your consent to have an influenza immunisation.

Fakaikiiki 'o e tokotaha mahaki'/Tauhi' Patient/Guardian details

Hingoa fakaiku'/fakafāmili': _____ Hingoa 'uluaki': _____ Telefoni': _____
Surname / family name First name Phone

'Aho fā'ele'i': _____ Tangata pē Fefine: • Tangata • Fefine NHI kapau 'oku 'ilo'i 'a e fika': _____
(DD/MM/YYYY) (kataki o siakale'i 'a e taha pē) (Fika Fakafonua ki he Mo' ui)
Date of birth (DD/MM/YYYY) Gender: Male Female (please circle one) NHI (National Health Index) number if known

Matakali: (kataki 'o siakale'i 'a e taha pē lahiange)
Ethnicity (please circle one or more)

• Nu'usila 'Iulope • Mauli • Ha'amoā • Kuki 'Ailani Maui • Tonga • Niuē • Siaina • 'Initia
NZ European Māori Samoan Cook Islands Māori Tongan Niuean Chinese Indian

• Matakali kehe (hangē ko Hōlani, Siapani, Tokelau) Kātaki fakahaa'i 'a e matakali kehē: _____
Other (such as Dutch, Japanese, Tokelauan) Please state which other ethnicity

Hingoa 'o e tokotaha tauhi' (kapau 'oku fiema'u): _____
Name of guardian (if applicable)

Tu'asila 'o e tokotaha mahaki': _____
Patient's address

Hingoa mo e tu'asila 'o e toketā 'a e tokotaha mahaki': _____
Patient's doctor's name and address

Kapau 'oku kaunga ha taha 'o e ngaahi me'a' ni kiate koe/ tokotaha 'oku huhu malu'i', kataki fakahā ki he tokotaha taukei tauhi mo'ui':

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

- Lolotonga puke pea mā'olunga 'a e mofi' Currently unwell with a high fever
- Kovi ki ai ha fa'ahinga me'akai pe faito'o Allergic to any food or medicine
- Ngāue'aki ha faito'o fakamanifi toto, pe mo'ua 'i he fānoa 'a e toto' Taking blood thinning medication or have a bleeding disorder
- Na'e faito'o kanisā 'i he mahina 'e 12 kuohili' Had treatment for cancer during the last 12 months
- Na'e kaunga kovi 'aupito ki ai ha huhu malu'i fulū 'i he kuohili' Had a severe response to an influenza immunisation in the past

Ngaahi tō'onga 'e malava ke hoko ki he huhu malu'i fulū'

Possible responses to influenza vaccination

'Oku malava pē 'o makātaki'i 'a e huhu malu'i fulū'. Ko e ngaahi me'a e ala hoko' 'e kau ai 'a e langa, kula pea/pē fufula 'a e feitu'u na'e huhu ai' 'i ha 'aho 'e taha pē ua; māmfana, langa 'a e uoua' pē langa 'a e 'ulu' 'i loto 'i he 'uluaki 'aho 'e ua'. 'Oku tātāitaha, ke kovi 'a e huhu'ni ki ha taha

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.

'Oku totonu kiate koe/tokotaha na'e huhu' ke tokanga'i koe hili 'a e huhu' na'a 'iloange 'oku kovi ki ho sino'. 'E toki fakahā atu kiate koe 'a e lōloa 'o e taimi tatali'; 'e malava ke 'au ki he miniti 'e 20.

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.

'Oku 'ikai malu'i 'e he huhu malu'i fulū' ia 'a e ngaahi vilasi kehe ki he mānava'anga, hangē ko e fofonu'. Talanoa ki ho'o tokotaha taukei 'i he tauhi 'o e mo'ui' felāve'i mo e ngaahi lelei' mo e fakatu'utamaki'. Ki ha toe fakamatala felave'i mo e huhu fulū, kātaki 'o vakai ki he fakamatala mā'anutolu te nau ngāue'aki 'a e faito'o, 'i he 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

Lesisita Huhu Malu'i Fakafonua

National Immunisation Register

'Oku tauhi 'e he Potungaue Mo'ui' 'a e lekooti 'o e ngaahi huhu fulū' 'i he Lesisita Huhu Malu'i Fakafonua' ke malava 'e he kau ngāue taukei 'i he tauhi 'o e mo'ui', 'o 'ilo'i 'a e ngaahi huhu na'e 'osi fakahoko'.

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.

'Oku tokoni ki hono muimui'i 'a e malu e kakai' mei' he fulū'.

It helps monitor the population's protection against influenza.

Kapau 'oku 'ikai teke loto ke lekooti 'a ho'o huhu malu'i' 'i he Lesisita Huhu Malu'i Fakafonua', kātaki o fakahā ki ho'o tokotaha taukei 'i he tauhi 'o e mo'ui'.

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

Fakamatala 'o e loto fiamālie ki ai:

Consent statements

Kuo' u 'osi lau pe kuo 'osi fakamatala'i kiate au 'a e fakamatala fekau'aki mo e huhu malu'i fulū', kau ai mo e lōloa 'o e taimi tatali hili 'a e huhu'.

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

Na'a' ku ma'u 'a e faingamālie ke u fai ha ngaahi fehu'i pea na'a' ku fiamālie ki hono tali'.

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

'Oku ou tui kuo'u mahino'i 'a e ngaahi lelei mo e fakatu'utāmaki 'o e huhu malu'i fulū'.

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

'Oku mahino kiate au 'oku' te fili pē ke fai e huhu malu'i fulū'.

I understand that influenza immunisation is a choice.

'Oku ou loto fiamālie ki he huhu malu'i fulū'.

I consent to the influenza immunisation being given.

'Oku ou loto fiamālie ke vahevahe 'a e fakamatala huhu malu'i ko 'eni' ki hoku/kautaha mo'ui 'oku nau tokonga'i 'a e tokotaha na'e huhu malu'i'.

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

Fakamo'oni: _____

Signed

'Aho: _____

Date (DD/MM/YYYY)

Fakamo'oni 'a e tokotaha Tauhi

(kapau 'e fiema'u): _____

Signed by Guardian (if applicable)

Felāve'i mo e tokotaha mahaki': _____

Relationship to the patient

Lekooti Huhu (ngāue 'a e falemahaki pē)

Vaccination record (clinical use only)

Faito'o ke huhu: <i>Vaccine</i>	Huhu 'i he: Nima to'ohema' / to'omata'ū <i>Administered: Left / right arm</i>
Fika 'o e faito'o: <i>Vaccine batch number</i>	'Aho 'e 'osi ai': <i>Expiry date</i>
Tokotaha na'a' ne fakahoko 'a e huhu': <i>Vaccinator</i>	Ko e faito'o fulū' ko e faito'o 'oku fakamafai'i fakatoketā. <i>The influenza vaccine is a prescription medicine.</i>