

Akatika'anga kia patia'ia ki te patia paruru no te flu

Influenza immunisation consent form

Tei runga i te peapa te akairo e kua ariki koe i teia patia paruru no te Flu

This form records your consent to have an influenza immunisation.

Akapapa'anga o te tangata ka patia'ia/Tiaki, Metua o te tangata ka patia'ia Patient/Guardian details

Ingoa Metua: _____ Ingoa: _____ Numero taniuniu: _____
Surname / family name First name Phone

Ra Anau'anga: _____ Tu Tangata: • Tane • Vaine • Turanga Kairo
(Ra/Marama/Mataiti) (Akairo mai)
Date of birth (DD/MM/YYYY) Gender: • Male • Female • Gender diverse (please circle one)

NHI (Numero akairo Pae Rapakau) me kua kitea: _____
NHI (National Health Index) number if known

Iti Tangata: (akairo akapunupunu mai i tei tau kia koe):
Ethnicity (please circle one or more)

• NZ Papaa • Māori • Samoa • Kuki Airani • Tonga • Niuea • Tinito • Initia
NZ European Māori Samoan Cook Island Māori Tongan Niuean Chinese Indian

• Tetai ua atu (Mei te Dutch, Tiapani, Tokelau) Akataka mai i tei tau ki toou toto. _____
Other (such as Dutch, Japanese, Tokelauan) Please state which other ethnicity

Tangata Tiaki/Metua (Me ka anoano'ia): _____
Name of guardian (if applicable)

Te ngai tei reira toou ngutuare: _____
Patient's address

Toou Taote/Punanga Rapakau: _____
Patient's medical centre/GP

Me ka tika, akakite atu ki te au ta'uanga rapakau me ka iri atu tetai o teia au turanga kia koe:

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

- Kua patia'ia koe ki te Patia Covid
Received a COVID-19 immunisation
- Kai vairakau toto pupuru ana koe.
E ta'e ua ana toou toto
Taking blood thinning medication or have a bleeding disorder
- Veravera koe, kare e meitaki ana
Currently unwell with a high fever
- Me e maki ia ana koe i te kai i tetai au tu kai/vairakau
Allergic to any food or medicine
- Me i maki ia ana koe mei te patia flu i mua ana
Had a severe response to an influenza immunisation in the past

Penei e ka tupu tetai o teia me patia'ia koe ki teia Patia Paruru o te Flu

Possible responses to influenza vaccination

Ko tei matau'ia, kare e manamanata ana te patia o te flu. Tetai taimē ka kite rai tetai papaki i te mamae, akamurakura'anga e te akaea i te ngai tei patia'ia no tetai nga ra ua; akaveravera, mamae akia te kopapa me kore ra, mamae te mimiti no tetai nga ra ua. Varavara te taimē e maki ia ana te tangata me patia'ia.

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.

Ka anoano'ia koe, te tangata tei patia'ia atu kia noonoo atu mei tetai 20 meneti, e ua ake e ka makimaki mai koe no te patia.

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.

Kare te patia o te flu e paruru ia koe, mei tetai maki ke atu. Komakoma atu ki toou taote me kore ra tetai ta'unga rapakau no runga i tetai ua atu apinga taau ka inangaro i te kite no teia. Me ka inangaro koe i te kite oonu atu no runga i tetai ua atu apinga no teia patia, atoro atu i te kupe roro uira **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 benefits and possible risks. For more information about the influenza vaccine, please refer to the consumer medicine information sheet located at www.medsafe.govt.nz

Te retita akapapa'anga Patia no Aotearoa

National Immunisation Register

E akapapa'anga tetai no te au tangata katoatoa tei patia'ia atu ki tetai ua atu tu patia paruru, kia kite te au Taote e te au ta'unga rapakau koai tei patia ia atu, e pera te tu patia.

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.

Me kare koe e inangaro i toou ingoa ki runga i teia akapapa'anga, komakoma atu ki toou Taote, me kore ra ki tetai ta'unga rapakau.

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

Kura akatika'anga:

Consent statements

Kua tatau/akamarama ia mai ki aku, e kua, marama au no runga i teia patia o te flu, e te tuatau tiaki'anga ka anoano'ia, i muri ake i te patia.

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

Kua uiui atu au no runga i te au ngai kare au i marama meitaki, kua ariki, e kua marama au i te au akamaramarama'anga.

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

Kua irinaki au e kua marama au i te puapinga o teia patia, e pera te au ngai tahi, me e mea oki tetai.

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

Kua marama katoa au e, naku rai te iki'anga kia patia ia au.

I understand that influenza immunisation is a choice.

Kua ariki au i teia patia.

I consent to the influenza immunisation being given.

Kua ariki au e kia akaari ia atu toku akapapa'anga/to te tangata tei patia'ia ki toku taote, me kore ra ki toku Punanga Rapakau.

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

Akairo: _____

Signed

Ra:(Ra/Marama/Mataiti) _____

Date (DD/MM/YYYY)

Akairo'ia e te Tiaki: _____

(no te aronga e tiaki to ratou) Signed by Guardian (if applicable)

Toou piri'anga ki te tangata tei patia'ia: _____

Relationship to the patient

Akapapa'anga Patia Paruru (Na te au Ta'unga Rapaku teia tuanga)

Vaccination record (clinical use only)

Vairakau Paruru: <i>Vaccine</i>	Rima tei patia'ia: Kau/Katau <i>Administered: Left / right arm</i>
Numero akataka'anga o te Vairakau Paruru: <i>Vaccine batch number</i>	Tuatau kare e tau akaou te vairakau: <i>Expiry date</i>
Tangata Patia: <i>Vaccinator</i>	Ka anoano'ia te peapa a te taote no teia Vairakau Paruru. <i>The influenza vaccine is a prescription medicine.</i>