

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 Tūrora/Kaitiaki *Patient/Guardian details*

Ingoa whānau: _____ Ingoa tuatahi: _____ Waea: _____
Surname / family name First name Phone

Rā whānau: _____ Ira tangata: • Tane • Wahine • Ira huhua 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 Gender diverse (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 tūrora: _____
Patient's address

Pokapū hauora/tākuta a te tūrora _____
Patient's medical centre/GP

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

- Kua whiwhi kano ārai mate KOWHEORI-19
Received a COVID-19 immunisation
- 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 whakawaimeha toto, he mate toto rānei tōu
Taking blood thinning medication or have a bleeding disorder
- 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 mähunga 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. Kōrero ki tō mātanga hauora mō ngā hua me ngā tūponotanga mōrearea. Mō ētahi atu mōhiotia mō te kano ārai mate rewharewha, me haere ki te pepa whakamārama rongoā kiritaki kei 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 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.

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 au ki te whiu pātai, ā, i pai ki ahau ngā whakautu.

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

E whakapono ana e mārama ana ahau ki ngā hua me ngā tūponotanga mōrearea o te awhikiri rewharewha.

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

E mārama 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 tūroto: _____

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>	He rongoā tūtohutanga te ārainga mate rewharewha. <i>The influenza vaccine is a prescription medicine.</i>