

Tohi fakaata ke lata mo e huki fakagata mae gagao fulu

Influenza immunisation consent form

Ko e tohi nei ne kua tohi e talia haau ke huki fakagata mae gagao fulu

This form records your consent to have an influenza immunisation.

Tau tala mae taga gagao moe tagata leveki Patient/Guardian details

Higoa magafaoa: _____ Higoa fakamua: _____ Numela telefoni: _____
Surname / family name First name Phone

Aho fanau: _____ Fakamooli taha ko e tagata fefe a koe: • Taane • Fifine • Tagata fai kehekeheaga
(Aho, mahina, tau) Please circle a gender option: • Male • Female • Gender diverse
Date of birth (DD/MM/YYYY)

Tohi e numela haau ne atu he Fale Gagao (NHI): _____
NHI (National Health Index) number if known

Ko e motu ne tupu mai a koe. Maeke ke fakakite molea e ua e motu kaeke kua pihia:
Ethnicity (please circle one or more)

- Ni Sila/Europa NZ European
- Maui Māori
- Samoa Samoan
- Kuki Ailani Cook Island Māori
- Tonga Tongan
- Niue Niuean
- Saina Chinese
- Initia Indian

• Falu motu foki tuga a Dutch, Sapani, Tokelau poke falu motu foki: _____
Other (such as Dutch, Japanese, Tokelauan) Please state which other ethnicity

Higoa he tagata ne leveki a koe (kaeke kua lata ke pihia): _____
Name of guardian (if applicable)

Tuaga he kaina haau ne nofo ai: _____
Patient's address

Higoa he toketa haau moe fale toketa: _____
Patient's medical centre/GP

Kaeke kua lauia a koe he tau mena nei ne tohi i lalo poke tagata ka taute ke huki, fakamolemole talaage ke he tagata gahua leveki malolo tino e tau mena nei kaeke kua pihia:

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

- Kua fita he huki ke lata mo e gagao COVID-19
Received a COVID-19 immunisation
- Mogonei, nakai malolo ti tokoluga e velavela
Currently unwell with a high fever
- Fai mena kai poke tau vai fakamalolo tino ne kua nakai lata kia ai
Allergic to any food or medicine
- Inu he tau segavai faka-aleale toto poke fa pa mai e tau toto haau ki fafo
Taking blood thinning medication or have a bleeding disorder
- Ne fai kelea lahi he vaha fakamua ha ko e tau huki fakagata pehe nei
Had a severe response to an influenza immunisation in the past

Tau fagatali ke lata moe huki fakagata

Possible responses to influenza vaccination

Lahi ni ke lauia mitaki ha ko e huki nei. Falu mogo logona he tagata e mamahi, kula poke fufula e kili he tino ne huki ai ke taha poke ua e aho to galo; fai velavela tose poke fai vala he tino ne mamahi poke ulu ke ua aho ka oti e huki. Fiha e mogo ke logona e kelea kua nakai lata moe huki nei.

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.

Ko koe e tagata kua huki ke lata ke tau onoono atu tumau kia koe neke fai kelea ha ko e huki nei. To talaatu kia koe ko e fiha e leo to huki; to liga uafulu e minuti.

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.

Ko e huki nei to nakai puipui a koe ke nakai moua e gagao fulu velavela. Tutala a koe moe tagata gahua fakamalolo tino ke iloa e tau mitaki moe tau mena kua nakai mitaki ha ko e huki nei. Maeke a koe ke moua falu fakailoaaga ke he huki nei ne tohi pauaki i loto he pepa hila mae matakau he Fakatufono ti ko e atulese 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

Ko e Tohi ne tohia ai e tau higoa he tau tagata ke lata moe huki fakagata moe fulu nei he motu katoa

National Immunisation Register

Ko e matakau Fakamalolo Tino ne toka ai e Tohi nei mae motu katoa ke iloa he tau tagata gahua fakamalolo tino ko hai moe tau faga huki fefe kua fita he taute.

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.

Kaeke ke nakai manako a koe ke tohi e higoa haau Tohi nei, fakamolemole talaage ke he tagata ne gahua he faahi fakamalolo.

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

Ko e tau mena kua talia e koe:

Consent statements

Kua totou e au mo e kua fakamaama mai kia au e tau mena kua lata ke iloa, moe fiha e loa ka leo au ka oti e huki.

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

Na maeke ia au ke talaage haaku a tau huhu ti mitaki e tau fakamaamaaga ne tala mai.

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

Manatu au kua maama ia au e tau mitaki ti pihia moe tau mena ne liga to nakai mitaki he huki nei

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

Mama ia au ko e huki nei ko e huki ni he fifiliaga he tagata.

I understand that influenza immunisation is a choice.

Kua fakamooli e au kua talia e au e huki fakagata nei kua mai.

I consent to the influenza immunisation being given.

Kua talia e au ke age e tau tala haggao kia au he huki nei ke he matakau ne fa lagomatai haaku a malolo tino.

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

Saini e au haaku higoa: _____

Signed

Aho, Mahina moe Tau: _____

Date (DD/MM/YYYY)

Saini he tagata ne leveki au _____

(kaeke kua pihia): Signed by Guardian (if applicable)

Ko e haana e matutakiaga mo au: _____

Relationship to the patient

Tau tala haggao ke he huki (ke tohi ni he matakau)

Vaccination record (clinical use only)

Higoa he huki: <i>Vaccine</i>	Ko e lima haaku ne huki: Faahi matau poke Faahi hema <i>Administered: Left / right arm</i>
Numela mae huki: <i>Vaccine batch number</i>	Ko e aho, mahina moe tau ke oti ai: <i>Expiry date</i>
Tagata ne huki au: <i>Vaccinator</i>	Ko e huki nei na fifili he ekekafo ke lata mo au. <i>The influenza vaccine is a prescription medicine.</i>