

# 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/fakafāмили': \_\_\_\_\_ Hingoa 'uluaki': \_\_\_\_\_  
*Surname / family name First name*

Telefoni': \_\_\_\_\_ 'Aho fā'ele'i': (DD/MM/YYYY) \_\_\_\_\_  
*Phone Date of birth (DD/MM/YYYY)*

Tangata pē Fefine: • Tangata • Fefine • Fefine pe tangata NHI numera pe'ā iloa: \_\_\_\_\_  
(katakī o siakale'i 'a e taha pē) (Fa'ailo Fa'aleatunu'u o le Soifua Mālōlōina)  
*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)*

• Nu'usila 'Iulope • Maui • Ha'amoā • Kuki 'Ailani Maui • Tonga • Niuē • Siaina • 'Initia  
*NZ European Māori Samoan Cook Island 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*

Kiliniki 'oku kau ki ai/Toketā fakafāмили': \_\_\_\_\_  
*Patient's medical centre/GP*

### 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

- Kuo 'osi huhu ta'ofi KOVITI-19  
*Received a COVID-19 immunisation*
- 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 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; māmāfana, 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 vailasi kehe ki he mānava'anga', hangē ko e fofonu'. Talanoa ki ho'o 'ofisa fale'i mo'ui lelei ki hono 'aonga mo e nunu'a 'e malava ke hoko. Ki ha toe fakamatala felave'i mo e huhu fulū', kātaki 'o vakai ki he fakamatala ma'anautolu te nau ngāue'aki 'a e faito'o', 'i he [www.medsafe.govt.nz](http://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](http://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.*

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 fiemālie 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.*

Ne 'i ai hoku faingamalie ke u 'eke e ngaahi fehu'i pea ne u fiemalie ki hono tali.

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

'Oku ou tui kuo u mahino'i 'a e lelei mo e nunu'a 'e malava ke hoko he huhu ta'ofi fulū.

*I believe I understand the benefits and possible 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 fiemālie ki he huhu malu'i fulū'.

*I consent to the influenza immunisation being given.*

'Oku ou loto fiemālie 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'u' <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'á ne fakahoko 'a e huhu': <i>Vaccinator</i>	<b>Ko e faito'o fulū' ko e faito'o 'oku fakamafai'i fakatoketā.</b> <i>The influenza vaccine is a prescription medicine.</i>