

Influenza vaccination consent form

This form records your consent to have an influenza immunisation

Patient/Guardian details

Surname/Family name: First name: Phone:

Date of birth: Gender: • Male • Female • Gender diverse NHI:
(DD/MM/YYYY) (please circle one) NHI (National Health Index) number if known

Ethnicity (please circle one or more):

- NZ European • Māori • Samoan • Cook Island Māori • Tongan • Niuean • Chinese • Indian
- Other (such as Dutch, Japanese, Tokelauan) Please state which other ethnicity:

Name of guardian (if applicable):

Patient's address:

Patient's medical centre/GP:

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

- Received a COVID-19 immunisation
- Currently unwell with a high fever
- Allergic to any food or medicine
- Taking blood thinning medication or have a bleeding disorder
- Had a severe response to an influenza immunisation in the past

Possible responses to influenza immunisation

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.

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.

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

National Immunisation Register

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.

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

Consent statements:

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

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

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

I understand that influenza immunisation is a choice.

I consent to the influenza immunisation being given.

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

Signed:

Date (DD/MM/YYYY):

Signed by Guardian (if applicable):

Relationship to the patient:

Vaccination record (clinical use only)

Vaccine:	Administered: Left / right arm
Vaccine batch number:	Expiry date:
Vaccinator:	The influenza vaccine is a prescription medicine.

Visit fightflu.co.nz

Everything you need to know about FLU 2021