

Student Te Puna Waiora Consent form – Influenza vaccination

Student details – please print clearly

We are not able to give the vaccine until you have provided your student ID and completed this form	Student ID:	On foot / in car (please circle)
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Surname:		First name:	
D.O.B.	Age:	Gender:	NHI:
Address:		Phone:	
Complete if you want this record sent to your Doctor: Your GP clinic's name, location			
Which ethnic group(s) do you belong to (please add X BEFORE your ethnic group)? New Zealand European, Māori, Samoan, Cook Island Māori, Tongan, Niuean, Chinese, Indian, Other			

Eligibility criteria for a funded influenza vaccination	Yes	No
Are you pregnant?		
Are you aged 65 years or older?		
Do you have heart (cardiovascular) disease or have you ever had a stroke?		
Do you have any chronic respiratory (lung) disease? E.g. asthma, COPD		
Do you have Diabetes?		
Do you have current cancer? (excluding basal and squamous skin cancers if not invasive)		
Any other chronic illness?		

Influenza vaccination should not be given to some people, please answer the following questions to ensure that it is appropriate for you to receive the vaccination today:

Are you currently unwell with a high fever or have you been in contact with anyone who has tested positive for COVID-19?	Yes	No
Do you have a history of a bleeding disorder?		
Have you ever had a severe allergy to neomycin, polymyxin or gentamicin?		
Have you ever had a severe allergy to eggs and / or any chicken products?		
Have you ever had any previous severe response to an influenza vaccination?		

Possible responses to influenza vaccination - Influenza vaccination is usually well tolerated. Possible responses include redness, tenderness or hardness 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. Influenza immunisation is highly effective but cannot guarantee complete protection against catching influenza.

The Ministry of Health keeps a record of influenza vaccination on the National Immunisation Register so that authorised health professionals can find out what vaccinations have been given. It helps to monitor the population's protection against influenza. If you do not want your vaccination recorded on the National Immunisation Register please advise your doctor, nurse or healthcare professional.

I have read or have had explained to me information about influenza vaccination, and I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccination. I understand getting the vaccination is my choice. I agree to get the vaccination and that it is recommended that I wait here for 20 minutes after my vaccination. I consent to this information being given to my healthcare provider to update applicable records.

Signed (please type your name): _____

Date vaccine given: _____

Immunisation record (for clinic use only):	Vaccine:
Site: Left / Right	Vaccinator: Batch: Expiry: