2024 Flu vaccination consent form

Person



Don't want to take this fact sheet with you? Take a photo instead! It's important to keep this information handy.

Surname	First name	
Phone	Date of birth// Age years	
Address		
Medical Centre/GP	NHI	
Ethnicity (please tick one or more)		
NZ European Māori Samoan Cook Is	sland Māori 🗌 Tongan 🗌 Niuean 🗌 Chinese	
Indian Other – please state		
Consent statements		
I have read the fact sheet called 'What you need t	o know about the flu vaccination'.	
The benefits and risks of the flu vaccine have bee questions and my questions were answered to m		
I have been told how long I will need to wait after t	he vaccination.	
I have received or photographed the fact sheet so I can refer to it after I leave the appointment. 'What you need to know about the flu vaccination.'		
I was told how and when to seek assistance if I/ the person being vaccinated experience symptoms that may be vaccine related.		
The vaccinator has discussed with me other vacc	ines that I am eligible for.	
I understand this vaccination information will be recorded and shared with my/the vaccinated person's regular healthcare provider.		
I consent to the flu vaccination being given.		
Signature	Date//	

As parent / legal guardian / enduring power of attorney

I am the parent, legal guardian or enduring power of attorney, and agree to the flu vaccination of the person named above.		
Relationship to person being vaccinated	Phone	
Signature	Date///	

Vaccination record (for vaccinator use)

Consumer details confirmed Affirmative answer to any screening questions? Yes No			
If yes, record the detail and advice given			
Verbal and written post vaccination information given 🗌 Other vaccines discussed 🗌			
Informed consent obtained? Yes No			
Influvac Tetra (Funded) 6 months and over	Dose 1 6 months and over	Dose 2* 🔄 6 months – 9 years	
Flucelvax Quad (Unfunded) 6 months and over	Dose 1 6 months and over	Dose 2* 🔄 6 months – 9 years	
Fluad Quad (Unfunded) 65 years	d) Dose 1 6 months and over		
FluQuadri (Unfunded)Dose 1Dose 2*6 months and over6 months and over6 months - 9 years			
Afluria Quad (Unfunded) 3 years and over	Dose 1 3 years and over	Dose 2* 3 – 9 years	
*Two doses separated by at least four weeks if a flu vaccine is being administered for the first time.			

Flu vaccination details							
Name of vaccine	Batch	Expiry	Dose	Needle size	Site	Date	Time
(write vaccine name or place vaccine sticker here)					Deltoid L R		
Funded Non-funded							

Vaccinator information	Observation period
Place of vaccination	Details of any AEFI or observations recorded
	CARM report completed
Name	Signature
Signature	Departure time
Clinical supervisor**	
Name	
Signature	

For more information visit info.health.nz/flu