

Flu Vaccination Verbal Consent Form

If you are being immunized, please read this form and verbally consent before your influenza immunisation

Tell the healthcare professional if any of these apply to you

- 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.

In case of an allergic response, you will be asked to wait up to 20 mins following vaccination

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 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 don't want your immunisation recorded on this Register, please advise your healthcare professional.

Your Consent Agreement

- 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