

2023 CONSENT FORM

Note: In many situations use of a written consent form is not required. See page 10 for more information.

Flu vaccination consent form

Person

Surname _____ First name _____

Phone _____ Date of birth / / Age years
DD MM YYYY

Address _____

Medical Centre/GP _____ NHI _____

National Health Index number if known

Ethnicity (please tick one or more)

- NZ European Māori Samoan Cook Island Māori Tongan Niuean Chinese
 Indian Other – please state _____

Consent statements

- I have read the fact sheet called 'What you need to know about the flu vaccination'.
- The benefits and risks of the flu vaccine have been explained to me and I have been told how long I will need to wait after the vaccination.
- I had enough time to ask questions and my questions were answered to my satisfaction.
- 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 vaccines 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 / /
DD MM YYYY

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 / /
DD MM YYYY

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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

Afluria Quad Junior (Funded or Unfunded) 6-35 months (i.e. under 3 years)	Dose 1 <input type="checkbox"/> 6-35 months (i.e. under 3 years)	Dose 2* <input type="checkbox"/> 6-35 months (i.e. under 3 years)
Afluria Quad (Funded or Unfunded) 3-8 years	Dose 1 <input type="checkbox"/> 3-8 years	Dose 2* <input type="checkbox"/> 3-8 years
Afluria Quad (Funded or Unfunded) 9 years and over	Dose 1 <input type="checkbox"/> 9 years and over	
Fluad Quad (Unfunded) 65 years and over	Dose 1 <input type="checkbox"/> 65 years and over	
FluQuadri (Unfunded) 6 months and over	Dose 1 <input type="checkbox"/> 6 months and over	Dose 2* <input type="checkbox"/> 6 months - 9 years

*Two doses separated by at least four weeks if a flu vaccine is being administered for the first time.

Vaccine details

Name of vaccine	Batch	Expiry	Dose	Site	Date	Time
Afluria Quad Junior			0.25mL			
Afluria Quad			0.5mL			
Fluad Quad			0.5mL			
FluQuadri			0.5mL			

Vaccinator information

Place of vaccination _____

Name _____

Signature _____

Observation period

Details of any AEFI or observations recorded

CARM report completed

Signature _____

Departure time _____

Clinical supervisor**

Name _____

Signature _____

** if relevant

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