

# COVID-19 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 COVID-19 vaccination'.  
 I know I will need to wait at least 15 minutes after the vaccination.  
 The benefits and risks of the COVID-19 vaccine have been explained to me.  
 The common and rare side effects of the COVID-19 vaccine have been explained to me.  
 I had enough time to ask questions and my questions were answered to my satisfaction.  
 I have received or photographed the fact sheets so I can refer to them after I leave the appointment.  
• 'What you need to know about the COVID-19 vaccination'  
• 'After the COVID-19 vaccination'  
 I was told how and when to seek assistance if I/ the person being vaccinated experience symptoms that may be vaccine related.  
 I understand this vaccination information will be recorded and shared with my/the vaccinated person's regular healthcare provider.  
 I consent to the COVID-19 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 COVID-19 vaccination of the person named above.

Relationship to person being vaccinated \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date    /   /     
DD MM YYYY

**Te Kāwanatanga o Aotearoa**  
New Zealand Government

**Mā tātau**  
**kātoa e**  
**ārai atu te**  
**COVID-19**

**Te Whatu Ora**  
Health New Zealand

# Doses requiring prescription

## Prescriber (incl. medical practitioner, nurse practitioner or pharmacist prescriber)

I confirm that I have explained the reasons for, the risks and benefits of the **Pfizer** or **Novavax** vaccination to the person named on this consent form.

Prescriber's name \_\_\_\_\_ MCNZ/APC number \_\_\_\_\_

Signature \_\_\_\_\_ Date    /   /     
DD MM YYYY

## Vaccination site clinical lead

When administering an off-label dose of vaccine, the clinical lead signs as an informed consent final check with the consumer.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date    /   /     
DD MM YYYY

▶ When a prescription is used, the prescriber must retain this form or a copy, and hold securely as a medical record in accordance with local policy.

# 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

Informed consent obtained?  Yes  No

COVID-19 vaccination primary course				COVID-19 vaccination boosters	
<b>Pfizer</b> Comirnaty (3mcg) 6 months - 4 years	<b>Pfizer</b> Comirnaty (10mcg) 5 - 11 years	<b>Pfizer</b> Comirnaty (30mcg) 12 years and over	<b>Novavax</b> Nuvaxovid 12 years and over	<b>Pfizer</b> Comirnaty (15/15mcg) Original/ Omicron BA.4/5 16+ years for those eligible	<b>Novavax</b> Nuvaxovid 18+ years for those eligible
Dose 1 <input type="checkbox"/>	Dose 1 <input type="checkbox"/>	Dose 1 <input type="checkbox"/>	Dose 1 <input type="checkbox"/>	Dose 1 <input type="checkbox"/>	Dose 1 <input type="checkbox"/>
Dose 2 <input type="checkbox"/>	Dose 2 <input type="checkbox"/>	Dose 2 <input type="checkbox"/>	Dose 2** <input type="checkbox"/>	Dose 2 <input type="checkbox"/>	Dose 2 <input type="checkbox"/>
Dose 3 <input type="checkbox"/>	Dose 3* <input type="checkbox"/>	Dose 3* <input type="checkbox"/>	Dose 3* <input type="checkbox"/>		

\* These doses are considered off-label use. Off-label does not apply to those receiving a third dose as part of their 6 month-4 year vaccine course.  
 \*\* A second primary dose following another COVID-19 vaccine (i.e., a mixed dose schedule) is considered off-label.

Vaccine details							Diluent (Comirnaty 3mcg and 10mcg only)		
Name of vaccine	Batch	Expiry	Dose	Site	Date	Time	Batch	Expiry	Time of reconstitution

**Vaccinator information**

Place of vaccination \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

**Observation period**

Details of any AEFI or observations recorded

CARM report completed

Signature \_\_\_\_\_

Departure time \_\_\_\_\_