

# Whānau Panui

## COVID-19/Coronavirus

### 30 April 2021

Kia ora e te whānau

**Free Covid-19 vaccinations** are now available for tāngata. Tāngata need to consent/give their permission for our kaimahi to take them to get a vaccination. Some tāngata can consent on their own, others need support from their Welfare Guardian. Tāngata who do not have a Welfare Guardian or are not able to give consent themselves will need the support of a health professional. Some tāngata may not be able to be vaccinated against Covid-19 for health reasons. Attached to this panui is the tangata consent form; a kaimahi will contact you to help you with the next steps if you are a Welfare Guardian.

If tāngata have had the Flu vaccination they must wait for two weeks before they can get the Covid-19 vaccination. If they have not had the flu vaccination they must wait for two weeks after the second Covid-19 vaccination before they can get the flu vaccination. If you want to find out more about the Covid-19 vaccination [click here](#).

Here are some helpful links to good information:

- [Click here for Easy Read](#) version of vaccination information for tāngata.
- In this video, [Dr Rawiri McKree Jansen](#) talks about the approval process and safety of the vaccine, and the places people can go to find trusted information about COVID-19. Please feel free to share it and play your part in pointing people to accurate and full information.
- <https://covid19.govt.nz/> for official up to date information
- Call [Helpline 1737](#) if you want to talk to someone about any concerns you have.
- [Healthline 0800 3585453](#) – stay home if you are sick
- For information on where to get tested, visit [Healthpoint](#).
- Any questions contact Manawhakahaere/CEO, [Tania Thomas](#) 0272912084 or [Tania.thomas@terooputaurima.org.nz](mailto:Tania.thomas@terooputaurima.org.nz)
- Check out our [Facebook Page https://www.facebook.com/terooputaurima/](https://www.facebook.com/terooputaurima/)
- We want to keep in touch with whānau so please make sure you give us all your updated **contact details**.

**Whakangungua tō whanau**  
Protect yourself and your whānau



# COVID19 Vaccination Consent Form

## Tangata Details:

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ NHI: \_\_\_\_\_

Gender: M  F  Gender X

Ethnicity:            NZ European     Maori             Samoan             Cook Island      
                          Tongan             Niuean             Chinese             Indian           

Other (such as Dutch, Japanese, Tokelauan) Please state: \_\_\_\_\_

Your doctor's name / surgery address: \_\_\_\_\_

**This form confirms that you have given your consent to have a COVID19 vaccination.**

If any of the following apply to you then please advise your doctor/ pharmacist:

- Currently unwell with COVID19 related symptoms such as high fever, cough, sore throat, muscle ache, etc.
- Taking blood thinning medication or have a bleeding disorder
- Allergic to any food or medicine
- Had treatment for cancer during the last 12 months
- Had a severe response to a vaccine immunisation in the past

## Possible side effects of COVID19 vaccination:

People generally feel fine after a COVID19 vaccination. Possible side effects 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 reaction can occur.

**You will be asked to wait for 20 minutes after your vaccination to watch for any allergic reaction.**

The COVID19 vaccine does not protect against other breathing related viruses such as the common cold and flu. For more information on the COVID19 vaccine, you can read 'consumer medicine information sheet' by visiting the website [www.medsafe.govt.nz](http://www.medsafe.govt.nz)

*Please complete the correct consent section on the back page of this document*

**Please complete Any One of the three sections below:**

**Section 1: SELF CONSENT**

(Tangata can sign for themselves if in agreement with the procedure)

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**I give my consent to receive COVID19 vaccination.**

Tangata Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Consent Given: \_\_\_\_\_

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**Section 2: LEGAL GUARDIAN CONSENT**

(Holder of a current Welfare Guardianship Order or Enduring Power of Attorney can sign on behalf of a tangata if in agreement with the procedure)

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**I give consent for the tangata named in this document to receive COVID19 vaccination.**

Guardian Name: \_\_\_\_\_

Guarianship Order Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Consent Given: \_\_\_\_\_

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**Section 3: HEALTH PROFESSIONAL APPROVAL**

(If a tangata is unable to sign for themselves and has no legal guardian, a health professional can grant approval for the procedure after following the consultation process\* as prescribed under Section 4 of Right 7 of the Code of Health and Disability Services Consumers' Rights.)

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**I give approval for the tangata named in this document to receive COVID19 vaccination.**

Health Professional Name: \_\_\_\_\_

Occupation/ Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Approval Granted: \_\_\_\_\_

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**\* Provide a summary of the consultation process below keeping in mind the following questions**

- Who was involved in the consultation process (e.g. whānau, significant other, support worker)?
- How was the tangata's view assessed - were any communication aids used including an interpreter?
- How will this procedure benefit the tangata - how was the final decision reached?