

# COVID-19 vaccination consent form - border/MIQ worker

This form is to be used for Tier 1a only

## Patient

Surname ..... First name .....

Phone ..... Date of birth ..... / ..... / ..... NHI .....

Address .....

Medical Centre/GP .....

## Guardian

Name of guardian (if applicable) .....

Guardian's relationship to patient .....

## Please let the vaccinator know:

- If you are unwell
- If you've had a previous severe allergic reaction to any vaccine or injection in the past
- If you're on blood-thinning medications or have a bleeding disorder
- If you've had any vaccines in the past four weeks
- If you are pregnant or breastfeeding
- If you are currently receiving the cancer drugs Keytruda, Opdivo, Yervoy, or Tecentriq or have done so in the past six months

I have read the COVID-19 information pamphlet on "What to Expect", and/or have had explained to me information about the COVID-19 vaccine.

I have had a chance to ask questions and they were answered to my satisfaction.

I believe I understand the benefits and risks of COVID-19 vaccination.

I understand it is my choice to get the COVID-19 vaccination.

Signature ..... Date ..... / ..... / .....

I also consent to share with my employer, that I have been given the COVID-19 vaccine.

Signature ..... Date ..... / ..... / .....

Unite  
against  
COVID-19

New Zealand Government

