

Consent for Vaccination

Abel Tasman Village Association Limited (Production)

Consent for Vaccination

Given name _____

Surname _____

I consent

I have read and understood the information given to me about immunisation including the risk of the vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risk(s) and the benefits with a doctor/nurse. I consent for the above named to be vaccinated with the following vaccines for the duration of their stay providing the risks and benefits do not substantially change.

I understand that I may withdraw my consent at any time. I also understand that not all vaccinations are federally funded and some costs may be incurred.

Vaccines

- Influenza vaccine - annually
- ADT booster - Diptheria, Tetanus - as required
- Boosterix/Adacel - Diptheria, Tetanus, Pertusis
- Pneumococcal vaccine
- Tamiflu/Relenza - in the event of an influenza outbreak in the consumer's facility
- Zoster (herpes zoster)
- COVID-19
- Other

Other _____

I do not consent to vaccination of the above named

I have read and understood the information given to me about immunisation including the risk of the vaccination and the risk of not being vaccinated.

Date of the consumer's last vaccination _____

Consumer is able to give consent

Consumer's Name _____ Date _____

Consumer's
Signature

Consumer is not able to give consent

Consumer Relative/Representative _____ Relationship to consumer _____

Name _____

Signature _____ Date _____

Name of witness _____

Signature of witness _____ Date _____

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Vaccination Record

| Date | Vaccine(s) Administered | Other/Comment | Batch Number | Review Date |
|------|-------------------------|---------------|--------------|-------------|
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