

Keep up good habits



Wear a mask or face covering when out and about.



Use the NZ COVID Tracer app to keep a record of where you've been.



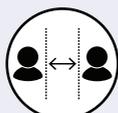
Stay home if you are sick and contact Healthline or talk to your parent or guardian about getting a test.



Wash your hands or use hand sanitiser.



Cough and sneeze into your elbow.



Keep physically distanced.

Is the vaccine safe?

The Pfizer vaccine has been thoroughly assessed for safety by our own Medsafe experts.

Medsafe only grants consent for using a vaccine in Aotearoa once they're satisfied it has met strict standards for safety, efficacy and quality.

This is the same process used to assess other medicines, like the flu vaccine.

There have been no shortcuts taken in granting approval.

The Pfizer vaccine has been used successfully by millions worldwide.

It continues to be monitored for safety.

HP7852 | 1 Feb 2022

What health information do I need to share?

If you have had an allergic reaction to any vaccine or injection in the past, please tell your vaccinator.

If you are taking any medications or have a bleeding disorder, talk to your health provider first.

Getting the right information matters



Be aware of incorrect or second-hand information on social media and other places.

You can get accurate and trusted information at:

- COVID Vaccination Healthline on 0800 28 26 29 (8am to 8pm, 7 days a week)
- Covid19.govt.nz
- Health.govt.nz/covid-vaccine
- karawhina.nz
- or talk with your doctor.

How can I get the COVID-19 vaccine?

If you are 12-15 you might want to ask your parent or guardian to help book your appointment.

Visit **BookMyVaccine.nz** where you can either book an appointment or find out where a drop-in centre is (you do not need an appointment – just turn up!).

If you're unable to book online, you can call the COVID Vaccination Healthline on **0800 28 26 29** (8am to 8pm, 7 days a week) and we'll make the booking for you and answer any questions. Interpretation services are available if you need them.

Your COVID-19 vaccination

Everything you need to know about the Pfizer vaccine

Te Kāwanatanga o Aotearoa
New Zealand Government

Unite against COVID-19



Te Kāwanatanga o Aotearoa
New Zealand Government

Unite against COVID-19



When you get vaccinated, you're not just protecting yourself. You're also doing your bit by reducing the risk of passing on COVID-19 to your whānau, friends and community. The COVID-19 vaccine is free and available to everyone aged 5 years and over in Aotearoa – however the information contained in this brochure is only for those aged 12 and over.



What is a vaccine?

Vaccines protect you and help stop you getting sick. You may have already had some vaccines such as the flu 'jab' or a measles vaccine.

The COVID-19 vaccine works by teaching your body to fight the virus. **The vaccine cannot give you COVID-19.**

Getting your vaccination



A healthcare worker will do a health check with you and answer your questions.



You can say yes or no to getting the vaccine. If you are 12-15, we recommend discussing the vaccination with your whānau or a trusted support person, and your parent or caregiver can provide consent if you prefer.



A fully trained health care worker will give you the vaccine in your upper arm. You will need to relax and sit still. You can look away or close your eyes if you are feeling nervous.



You will need to stay for at least 15 minutes to make sure you are ok.



Once a health care worker is confident that you're fine and you are feeling ok, you can carry on with your day.

After your vaccination

You will be asked to get your second dose of the vaccine after a gap of three weeks or more. If you are over 18, you should get a booster dose a few months later to make sure you have the best protection against COVID-19.

If you feel unwell or are worried about any side effects, speak with your trusted health professional.

Potential side effects of Pfizer vaccine

How I might feel

You may experience some side effects, such as muscle aches, pain at the injection site or headaches. For most people these are mild effects that may not last long or impact on their day-to-day activities.

Rare side effects

Allergic reactions

There are some side effects that are more serious but rare, like a severe allergic reaction or anaphylaxis. This is the reason people are observed for around 15 minutes post vaccination. Vaccinators are trained to manage these reactions if they occur.

Myocarditis and Pericarditis

Myocarditis is inflammation of the heart muscle, while pericarditis is inflammation of the tissue forming a sac around the heart. These conditions are usually caused by viral infections (including COVID-19), but they are also very rare and serious side effects of the Pfizer vaccine.

Symptoms of myocarditis or pericarditis linked to the vaccine generally appear within a few days, and mostly within the first few weeks after having the vaccine. If you get any of these new symptoms after your vaccination, you should seek medical help, especially if these symptoms don't go away:

- tightness, heaviness, discomfort or pain in your chest or neck
- difficulty breathing or catching your breath
- feeling faint or dizzy or light-headed
- fluttering, racing or pounding heart, or feeling like it is 'skipping beats'.

If you feel any of these symptoms in the days or weeks after the vaccine, you should see a doctor. There will be no charge for the consultation.

You can also call Healthline on **0800 358 5453** anytime to get advice.

If you are very worried about your health, call **111**, and make sure you tell them you've had a COVID-19 vaccination, or have or had COVID-19 so they can assess you properly.

You can report any side effects you experience at report.vaccine.covid19.govt.nz

COVID-19 vaccine: After your Pfizer vaccination

This factsheet covers the Pfizer vaccine only. Information on the AstraZeneca vaccine and its potential side effects can be found at health.govt.nz/covid-19-vaccines or **0800 358 5453**

How might I feel after I get the vaccine

Like all medicines, you might experience some mild side effects for up to 1–2 days after getting your Pfizer vaccination and booster, this includes your first or second dose or booster. Most side effects do not last long and for many people they will not impact on day-to-day activities.

The most common reported reactions are:

- pain or swelling/redness at the injection site
- feeling tired or fatigued
- headache
- muscle aches and/or joint pain
- chills/fever
- nausea.

If you feel uncomfortable you can:

- place a cold, wet cloth or ice pack on the injection site for a short time
- rest and drink plenty of fluids
- take paracetamol or ibuprofen.

Seek advice from your health care professional if you are unsure or your symptoms worsen.

Rare side effects

Allergic reactions

There are some side effects that are more serious but rare, like a severe allergic reaction or anaphylaxis.

This is the reason people are observed for around 15 minutes post vaccination. Vaccinators are trained to manage these if they occur.

Myocarditis and pericarditis

Myocarditis is inflammation of the heart muscle, while pericarditis is inflammation of the tissue forming a sac around the heart. These conditions are usually caused by viral infections (including COVID-19), but they are also very rare and serious side effects of the Pfizer vaccine.

Symptoms of myocarditis or pericarditis linked to the vaccine generally appear within a few days, and mostly within the first few weeks after having the vaccine. If you get any of these new symptoms after your vaccination, you should seek medical help, especially if these symptoms don't go away:

- tightness, heaviness, discomfort or pain in your chest or neck
- difficulty breathing or catching your breath
- feeling faint, dizzy or light-headed
- fluttering, racing or pounding heart, or feeling like it is 'skipping beats'.

If you feel any of these symptoms in the days or weeks after the vaccine, you should seek medical help. There will be no charge for the consultation.



You can also call **Healthline** on **0800 358 5453** anytime to get advice.

If you have an immediate concern about your safety, call **111**, and make sure you tell them you've had a COVID-19 vaccination, or have or had COVID-19 so they can assess you properly.

You can report any side effects you experience at:
report.vaccine.covid19.govt.nz

Vaccines protect us

Vaccines help protect people of all ages against other infectious diseases too, like measles and flu. Check you and your whānau are up to date with your vaccinations by talking with your health care provider.

A gap of at least seven days is recommended between having the COVID-19 vaccine and the Zostavax (shingles) vaccine.

There are no concerns around the timing of other vaccines such as flu or MMR (measles, mumps and rubella). You do not need to delay any of these vaccinations.

Visit **health.govt.nz/immunisation** for more information.

After your vaccination, it's still important to:



Stay home and get a test if you're sick



Wear a mask when you're out and about



Wash or sanitise your hands



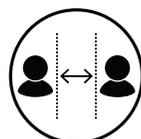
Cough and sneeze into your elbow



Use the NZ COVID Tracer app to scan QR codes to record your visits & turn on Bluetooth tracing



Keep indoor spaces well ventilated and clean shared surfaces regularly



Keep physically distanced

COVID-19 vaccination **consent form**

Person

Surname _____ First name _____

Phone _____ Date of birth ___ / ___ / ___ Age ____ years

Address _____

Medical Centre/GP _____ NHI _____

Please let the vaccinator know:

- If you are unwell
- If you are pregnant or breastfeeding
- If you're on blood-thinning medications or have a bleeding disorder
- If you've had a previous severe allergic reaction to any vaccine or injection in the past

If you are receiving Pfizer, please let your vaccinator know:

- If you are aged under 12 years you will get the paediatric dose
- If you have had myocarditis or pericarditis after a vaccination in the past

If you are receiving Novavax, please let your vaccinator know:

- If you are aged under 18 years

If you are receiving AstraZeneca, please let your vaccinator know:

- If you are aged under 18 years
- If you've ever had a major clot or low blood platelets in the past, or have an autoimmune condition that means you are more likely to have a clot
- If you've ever had capillary leak syndrome, a rare condition causing fluid leakage from small blood vessels

- I have read the COVID-19 information provided, 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 understand the benefits and risks of COVID-19 vaccination.
- I understand I will need 2 doses of the COVID-19 vaccine to be fully vaccinated.
- I have been told how to seek assistance if I experience symptoms that may be vaccine side effects.
- I understand the side effects associated with this vaccine and know how to get help if needed.

Signature _____ Date ___ / ___ / ___

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.

Name of parent or legal guardian _____ Phone _____

Relationship to person being vaccinated _____

Signature _____ Date ___ / ___ / ___

Tick the vaccine dose that applies:

Paediatric Pfizer	Dose 1 5-11 years <input type="checkbox"/>	Dose 2 5-11 years <input type="checkbox"/>	Dose 3 5-11 years <input type="checkbox"/>
Pfizer	Dose 1 12 years and above <input type="checkbox"/>	Dose 2 12 years and above <input type="checkbox"/>	Dose 3* 12 years and above <input type="checkbox"/>
AstraZeneca	Dose 1 18 years and above <input type="checkbox"/>	Dose 2** 18 years and above <input type="checkbox"/>	Dose 3* 18 years and above <input type="checkbox"/>
Novavax	Dose 1 18 years and above <input type="checkbox"/>	Dose 2** 18 years and above <input type="checkbox"/>	

I understand that I am receiving a vaccine as indicated above and understand the information given to me. I agree to receive the vaccine indicated above.

Signature _____ Date ___ / ___ / ___

* These doses are considered off-label use. ** A second primary dose following another COVID-19 vaccine (i.e., a mixed dose schedule) is considered off-label. For any off-label use of a vaccine a prescription is required.

Authorised prescriber (incl. medical practitioner, nurse practitioner or pharmacy prescriber)

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

(please circle one above)

Name _____ APC number _____

Signature _____ Date ____ / ____ / ____

For prescription requirements please see the relevant Policy Statement.

Information for Vaccinator

Details confirmed Positive answer to any screening questions? Yes No

Record information and advice given:

Informed consent obtained? Yes No Date ____ / ____ / ____ Time _____

Vaccine							Diluent		
Name of vaccine	Date	Time	Dose	Site	Batch	Expiry	Pfizer only		
							Batch	Expiry	Time of reconstitution
Paediatric Pfizer			0.2mL						
Pfizer/BioNTech			0.3mL						
AstraZeneca			0.5mL						
Novavax			0.5mL						

Paediatric Pfizer	Dose 1 5-11 years <input type="checkbox"/>	Dose 2 5-11 years <input type="checkbox"/>	Dose 3 5-11 years <input type="checkbox"/>
Pfizer	Dose 1 12 years and above <input type="checkbox"/>	Dose 2 12 years and above <input type="checkbox"/>	Dose 3* 12 years and above <input type="checkbox"/>
AstraZeneca	Dose 1 18 years and above <input type="checkbox"/>	Dose 2** 18 years and above <input type="checkbox"/>	Dose 3* 18 years and above <input type="checkbox"/>
Novavax	Dose 1 18 years and above <input type="checkbox"/>	Dose 2** 18 years and above <input type="checkbox"/>	

* These doses are considered off-label use. ** A second primary dose following another COVID-19 vaccine (i.e., a mixed dose schedule) is considered off-label.

Vaccinator information

Name _____

Signature _____

Post vaccination information given

Observation area information

Details of any AEFI or observations recorded

CARM Report completed

Signature _____

Departure time _____

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 ____ / ____ / ____

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.