

# COVID-19 vaccine: Consent to share personal information

I understand Waikato District Health Board requires my personal information in order to invite me to be vaccinated against COVID-19.

I understand this information will be shared with Waikato District Health Board and Ministry of Health to deliver the vaccination programme.

I understand signing this form is not giving consent for vaccination.

## My details:

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

Phone ..... Email .....

Date of birth ..... / ..... / ..... NHI number (if known) .....

Gender ..... Ethnicity .....

Iwi .....

Address .....

Suburb ..... City ..... Post code .....

Place of work ..... Medical centre/GP .....

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

