

COVID-19 vaccine: Nominating the people you live with

For border and MIQ workers subject to a
mandatory testing order

Getting a COVID-19 vaccine is an important step you can take to protect yourself from the effect of the virus. However, as we don't know if getting it will stop you from catching and passing on the virus, we are offering the vaccine to your household contacts.

This means anyone who usually lives with you, whether they're related to you or not. It also includes people who live with you part-time. This covers papakāinga as well.

Please print this form and take it home with you to gather the contact details of the people you live with. Once you have done this, call Healthline on 0800 28 29 26 (0800 2VAX COVID) and use this form to share your household contacts with them.

I understand that I am providing the below individuals' details to the Ministry of Health for the purpose of inviting them to receive the COVID-19 vaccination.

I certify that I am authorised to share these individuals' details and that they are true and correct.

Name

Signature

Date / /

We need to know the following details for the people you live with.

1 First Name Middle Name(s)
Surname Date of Birth / /
Gender Ethnicity NHI Number* (if known)
City Post code

Please provide either a phone number or email address

Phone Email

OPTIONAL

House number Street

Suburb

*Your NHI number may be on a prescription or prescription receipt, prescription medicine label, hospital letter, an X-ray or test result, or your ManageMyHealth profile.

Unite
against
COVID-19

New Zealand Government



2 First Name Middle Name(s)
Surname Date of Birth / /
Gender Ethnicity NHI Number (if known)
City Post code

Please provide either a phone number or email address

Phone Email

OPTIONAL

House number Street
Suburb

3 First Name Middle Name(s)
Surname Date of Birth / /
Gender Ethnicity NHI Number (if known)
City Post code

Please provide either a phone number or email address

Phone Email

OPTIONAL

House number Street
Suburb

4 First Name Middle Name(s)
Surname Date of Birth / /
Gender Ethnicity NHI Number (if known)
City Post code

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Phone Email

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House number Street
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