

# Covid-19 Vaccination Declaration

## IMPORTANT NOTE

As you may be aware, the New Zealand Government has recently mandated vaccination for all staff and contractors providing services to schools. This includes families providing residential accommodation to international students.

We are therefore seeking information about the vaccination status of each family member (aged 18 years and over) eligible for the Covid vaccination, to complete this declaration form.

Information relating to the Covid-19 vaccination status of the residential caregiver/s will only be used for the purpose of the placement of an international student into the care of the caregiver. Information contained in this form will be used, stored, and deleted as appropriate, in accordance with the requirements of the Privacy Act 2020.

**EACH FAMILY MEMBER AGED 18 AND OVER ELIGIBLE FOR THE COVID VACCINATION MUST COMPLETE THE DECLARATION FORM.**

Name of Residential Caregiver: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

**Please select the statement below that most accurately describes your vaccination status:**

- I am fully vaccinated. I had my second dose on: \_\_\_\_\_
- I am partially vaccinated. I had my first dose on: \_\_\_\_\_
- I had my booster vaccine on: \_\_\_\_\_
- I am not vaccinated but intend to get vaccinated: \_\_\_\_\_
- I am not vaccinated and do not plan to be vaccinated: \_\_\_\_\_

## Declaration:

- I declare that to the best of my knowledge, information provided in this form is true and correct.
- I agree to provide verification of my vaccination status to Ormiston Senior College when required.
- I agree for information about my vaccination status only to be shared with students, agents, or parents/legal guardians for the purpose of deciding on the placement of an international student in the care of the residential caregiver/s or as otherwise required by law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b>			
Vaccine status verified on:		By (print name):	
Type of verification provided:			
Signature of verifier:		Date:	