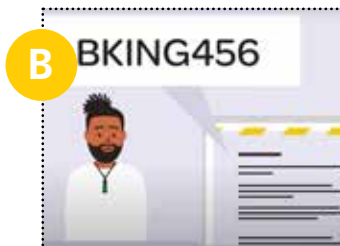


Guide to Getting Your Vaccine

Booking Online

Vocabulary Match the words with the pictures.



1 appointment

2 vaccination centre

3 book

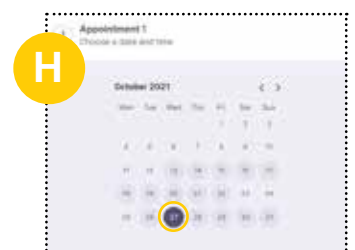
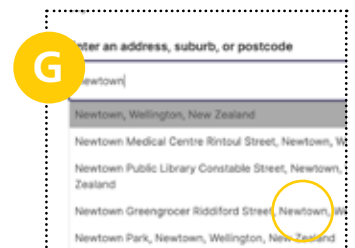
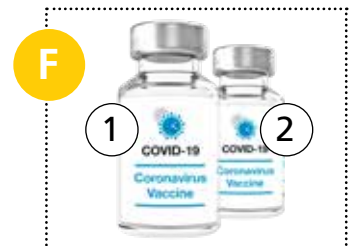
4 NHI number

5 suburb

6 3 weeks apart

7 dose

8 booking reference



Quizlet Flashcards: quizlet.com/_acqvyg?x=1qqqt&i=a271t

Booking Steps Match the steps with the pictures. Write a – i in the “picture” column in the table below.

A

B

C

D

E


F

G

H

I

Guess the order of the steps to book your vaccine online. Write 1 – 9 in the “order” column.

Picture	Year	Order
	Choose a vaccination centre	
	Go to the bookmyvaccine.nz website	
	If you want to change your appointment, go to bookmyvaccine.nz or call 0800 282926.	a
	Get your NHI number ready	1
	Choose the date and time for appointment 2	
	Answer questions (name, date of birth, contact)	
	Choose the date and time for appointment 1	
	Type in your address and suburb	
	Receive an email or a text with your booking reference	

Practise Online Booking Use the form on page 8 to practise the first part of the online booking process.

Vaccination Visit

Vocabulary Fill the blanks with words from the boxes.

cough

turn

allergies

agree

side effects

1. I to take the vaccine.
2. are ways the vaccine makes you feel sick.
3. Tell the nurse if you have any or have had a reaction to another vaccine in the past.
4. Please stand in line and wait for your
5. Stop if you have a, cold or fever.

Speaking Work in pairs to discuss these questions.

1. Who and what can you bring with you to the vaccination centre?
2. What questions do you think the people there will ask you?
3. What do you need to do after getting the vaccine? Why?

Reorder the jumbled questions and match them with the right answers.
Practise asking and answering these questions in pairs.

- | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------|
| 1. What / is / time / your / appointment?
..... | a. No, I don't have any allergies.
..... |
| 2. What / your / is / name? / full /
..... | b. Yes, I am.
..... |
| 3. What / date / of / birth? / your / is
..... | c. 9:50.
..... |
| 4. Are you / the vaccine? / ok with / having
..... | d. What should I do if I feel very sick?
..... |
| 5. When you /side effects?/ before, / had vaccinations / did you / have any
..... | e. January 1st, 1990.
..... |
| 6. Do / allergies? / any / you / have
..... | f. I felt tired.
..... |
| 7. Do / questions? / you / have / any
..... | g. Paul Moore.
..... |

1. **c** 2. ____ 3. ____ 4. ____ 5. ____ 6. ____ 7. ____

Listening *Listen and fill in the blanks.*

Nurse 1: Hi, what time is your appointment?

Paul: 1

Nurse 1: Come on in.

Paul: Thanks.

Nurse 1: Do you have a
2, cold or fever?

Paul: No.

Nurse 1: What is your full name?

Paul: Paul Moore.

Nurse 1: What is your date of birth?

Paul: January 1st, 1990.

Nurse 1: Is this your
3 having
the vaccine?

Paul: Yes.

Nurse 1: Please sit down over there and wait for your turn.

Paul: Ok, thanks.



Nurse 2: Can you say your full name and your birthday again?

Paul: Paul Moore, January 1st, 1990.

Nurse 2: Ok. We are going to give you the vaccine now. Do you 4 to take it?

Paul: Yes.

Nurse 2: Good, sit down please. How are you feeling today?

Paul: I'm good, thanks.

Nurse 2: When you had vaccinations before, did you have any 5?

Paul: I felt tired and my arm hurt.

Nurse 2: That's normal. Do you have any
6?

Paul: No, I don't.

Nurse 2: Do you have any questions?

Paul: What should I do if I feel very sick afterwards?

Nurse 2: Please let us know right away, and if you have gone home, please 7

Paul: Cool, thanks.

Nurse 2: Ok, I'm giving you the vaccine now. It'll be quick.

Paul: Is it done?

Nurse 2: Yes, now please sit down over there and wait for 8 or until we say you are good to go.

Paul: Got it. Thanks.



Speaking *Role-play the dialogues above using your name, date of birth, and the information below.*

1 Appointment time:
3:15

Side effects before:
a fever

2 Appointment time:
11.30

Side effects before:
a headache

3 Appointment time:
9.50

Side effects before:
felt sick

Reading Read these questions and answers about the COVID-19 vaccine.

Q : Is the COVID-19 vaccine safe?

A : Yes, it is. Lots of tests have been done to make sure it is safe to use. It has already been given to millions of people around the world.

Q : How was the vaccine made so fast?

A : People in different countries worked together. They shared information and money they had to work on the vaccine.

Q: Why should I take the vaccine?

A : It can help stop you from feeling really sick from COVID-19. If more people get the vaccine, it will be better for everyone.

Q: What do I have to do at the vaccination centre?

A : Be on time, wear a mask, answer the questions, and wait 15 minutes after having the vaccine.

Q : What should I tell the nurse at the vaccination centre?

A : Tell them if you take medicine that makes your blood thinner, if you have a condition that affects your bleeding, and if you were allergic to any vaccine before.

Q : What are some common side effects?

A : You might have a headache, feel tired, and have a sore arm.

Q: What should I do if I feel sick after the vaccination?

A : Call Healthline on 0800 358 5453 or talk to your doctor.

Are these sentences True or False? Write True (T) or false (F) next to each sentence.

1. People have done lots of tests to make sure the vaccine is safe. _____
2. You don't have to answer the questions at the vaccination centre. _____
3. You need to tell the nurse about some of your health problems. _____
4. It's strange to have a headache or feel tired after the vaccination. _____
5. If you feel really sick after the vaccination, just wait. _____

.....

Fill the blanks with words from the reading.

6. People in different countries work together to work faster and to make sure the vaccine is
7. If you were allergic to any before, you need to tell the nurse.
8. Your arm might feel after the vaccination.
9. You have to wear a at the vaccination centre.
10. If you feel sick after the vaccination, call

.....

Vocabulary Review *Fill the blanks with words learned from the lesson. The first letter of each word is given to you.*



1. Don't come in if you have a c _ _ _ _ .
2. Do you a _ _ _ _ to take the vaccine?



3. When you had vaccinations before, did you have any s _ _ _ e _ _ _ _ _ ?
4. Do you have any a _ _ _ _ _ ?

Match the words with their meanings.

1. appointment

2. vaccination centre

3. book

4. NHI number

5. suburb

6. apart

7. dose

8. booking reference

a. where you get your vaccine

b. a number for people who use health services in NZ

c. a time you meet someone or go somewhere

d. the area where you live

e. a number you get after you finish booking your vaccine

f. how much vaccine you are given each time

g. to choose a time and place to do something in the future

h. not together

1. **c** 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Fill the blanks with words from the matching exercise.

1. You can choose a near your house.
2. After you finish booking, you will get a text with your in it.
3. If you know your, it will be quicker.
4. You need to book two
5. You need two to protect you from COVID-19.
6. Type in your address and to find the vaccination centres near your place.
7. You can for everyone in your family at the same time so you can all go together.
8. Your appointments need to be 6 weeks or more

Teacher guide

PAGE 1

Booking Online

Vocabulary

a. 2 b. 8 c. 4 d. 6 e. 1 f. 7 g. 5 h. 3

.....

PAGE 2

Booking steps

Pictures: h – d – c – f – g – e – i – b – a

Order: 5 – 2 – 9 – 1 – 7 – 3 – 6 – 4 – 8

.....

PAGE 3

Vaccination Visit

Vocabulary

1. agree 2. side effects 3. allergies 4. turn 5. cough

Speaking

Discussion

1. bring a support person – wear a mask
2. questions about some personal details, current health situation, previous reactions to vaccines, any allergies, etc.
3. wait for 15 minutes

Jumbled questions

1. What time is your appointment? – c
 2. What is your full name? – g
 3. What is your date of birth? – e
 4. Are you ok with having the vaccine? – b
 5. When you had vaccinations before, did you have any side effects? – f
 6. Do you have any allergies? – a
 7. Do you have any questions? – d
-

PAGE 4

Listening

Nurse 1: Hi, what time is your appointment?

Paul: 1. 2:30

Nurse 1: Come on in.

Paul: Thanks.

Nurse 1: Do you have a 2. cough, cold or fever?

Paul: No.

Nurse 1: What is your full name?

Paul: Paul Moore.

Nurse 1: What is your date of birth?

Paul: January 1st, 1990.

Nurse 1: Is this your 3. first time having the vaccine?

Paul: Yes.

Nurse 1: Please sit down over there and wait for your turn.

Paul: Ok, thanks.

Nurse 2: Can you say your full name and your birthday again?

Paul: Paul Moore, January 1st, 1990.

Nurse 2: Ok. We are going to give you the vaccine now. Do you 4. agree to take it?

Paul: Yes.

Nurse 2: Good, sit down please. How are you feeling today?

Paul: I'm good, thanks.

Nurse 2: When you had vaccinations before, did you have any 5. side effects?

Paul: I felt tired and my arm hurt.

Nurse 2: That's normal. Do you have any 6. allergies?

Paul: No, I don't.

Nurse 2: Do you have any questions?

Paul: What should I do if I feel very sick afterwards?

Nurse 2: Please let us know right away, and if you have gone home, please 7. call this number.

Paul: Cool, thanks.

Nurse 2: Ok, I'm giving you the vaccine now. It'll be quick.

Paul: Is it done?

Nurse 2: Yes, now please sit down over there and wait for 8. 15 minutes or until we say you are good to go.

Paul: Got it. Thanks.

.....

PAGE 5-7

Reading

True or False

1. T 2. F 3. T 4. F 5. F

Blank-filling

6. safe 7. vaccine 8. sore 9. mask 10. Healthline

Vocabulary Review

Blank-filling

1. cough 2. agree 3. side effects 4. allergies

Matching

1. c 2. a 3. g 4. b 5. d 6. h 7. f 8. e

Blank-filling

1. vaccination centre 2. booking reference 3. NHI number 4. appointments 5. doses 6. suburb 7. book 8. apart

Book your vaccine

Who are you filling this form out for?

☐ Myself ☐ Someone else

Have you, or the person you are booking for, had a first dose of a COVID-19 vaccine?

☐ Yes ☐ No

Your details

First name

Middle name *(optional)*

Last name

Date of birth

Gender

☐ Female ☐ Male ☐ Another gender ☐ Prefer not to say

Ethnicity

☐ NZ European ☐ Māori ☐ Pacific Peoples ☐ Asian

☐ Middle Eastern/Latin American/African ☐ Other ethnicity

Address

.....