NHS Flu Vaccination Service - Record Form

* indicates sections that must be completed

Patient's details			
First name*			
Surname*			
Address*			
Postcode			
Telephone			
Date of birth*	NHS No.		
GP practice*			

Patient's emergency contact		
Name		
Telephone		
Relationship to patient		
Any allergies		
Eligible patient group*		☐ Chronic respiratory disease
	☐ 65 years or over	☐ Chronic kidney disease
	☐ Chronic heart disease	☐ Chronic neurological disease
	☐ Chronic liver disease	☐ Immunosuppression
	☐ Diabetes	☐ Pregnant woman
	☐ Asplenia / splenic dysfunction	☐ Carer
	☐ Person in long-stay residential care home or care facility	☐ Morbid obesity (BMI ≥ 40)
	☐ Household contact of immunocompromised individual	☐ Learning disability
	☐ Employed through Direct Payment of Personal Health Budget	☐ Hospice worker
	☐ Frontline Health & Social care worker	

Vaccination details

Name of vaccine/ manufacturer*	Apply vaccine sticker if available	Date of vaccination*		Pharmacy stamp
Batch Number*		Injection site*	☐ Left upper arm ☐ Right upper arm	
Expiry Date*		Route of administration*	☐ Intramuscular ☐ Subcutaneous	
Location (if not in the pharmacy)*	☐ Patient's home ☐ Long-stay care home or long-stay residential facility ☐ Other location (please state):			
Any adverse effects*				
Advice given and any other notes				
Administered by*		Signature*		Registration number*