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*		
	☐ 50-64 years (not in a clinical at-risk 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*							