

NHS Flu Vaccination Service - Record Form

* indicates sections that must be completed

| Patient's details | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| First name* | | | | | | | | | | | | | | | | | | | | |
| Surname* | | | | | | | | | | | | | | | | | | | | |
| Address* | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | | | | | | | | |
| Date of birth* | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| GP practice* | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Patient's emergency contact | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | | | | | | | | |
| Relationship to patient | | | | | | | | | | | | | | | | | | | | |
| Any allergies | | | | | | | | | | | | | | | | | | | | |
| Eligible patient group* | <input type="checkbox"/> 65 years or over | | | | | | | | | | <input type="checkbox"/> Chronic respiratory disease | | | | | | | | | |
| | <input type="checkbox"/> Chronic heart disease | | | | | | | | | | <input type="checkbox"/> Chronic kidney disease | | | | | | | | | |
| | <input type="checkbox"/> Chronic liver disease | | | | | | | | | | <input type="checkbox"/> Chronic neurological disease | | | | | | | | | |
| | <input type="checkbox"/> Diabetes | | | | | | | | | | <input type="checkbox"/> Immunosuppression | | | | | | | | | |
| | <input type="checkbox"/> Asplenia / splenic dysfunction | | | | | | | | | | <input type="checkbox"/> Pregnant woman | | | | | | | | | |
| | <input type="checkbox"/> Person in long-stay residential care home or care facility | | | | | | | | | | <input type="checkbox"/> Carer | | | | | | | | | |
| | <input type="checkbox"/> Household contact of immunocompromised individual | | | | | | | | | | <input type="checkbox"/> Morbid obesity (BMI \geq 40) | | | | | | | | | |
| | <input type="checkbox"/> 50-64 years (not in risk group) | | | | | | | | | | <input type="checkbox"/> Learning disability | | | | | | | | | |
| | <input type="checkbox"/> Household contact of person on NHS shielded patient list | | | | | | | | | | <input type="checkbox"/> Employed through Direct Payment of Personal Health Budget | | | | | | | | | |
| | <input type="checkbox"/> Social care worker | | | | | | | | | | <input type="checkbox"/> Hospice worker | | | | | | | | | |

