**NHS Community Pharmacy Seasonal Influenza Vaccination Service - Notification of administration of flu vaccination to Patient’s GP Practice**

| To (GP practice name) |  |
| --- | --- |

|  |  |
| --- | --- |
| **Patient name** |  |
| **Address** |  |
| **Patient DOB** |  | **NHS number**(where known) |  |
| This patient was administered a seasonal influenza vaccination at this pharmacy on: / / |
| To ensure that your records are complete, you may find it useful to record this as:Seasonal influenza vaccination given by pharmacistRead V2: 65ED0CTV3: XaZfYSNOMED CT: 849211000000109 |
| Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible) | * Aged 65 or over
 | * Chronic respiratory disease
 |
| * Chronic heart disease
 | * Chronic kidney disease
 |
| * Chronic liver disease
 | * Chronic neurological disease
 |
| * Diabetes
 | * Immunosuppression
 |
| * Asplenia / splenic dysfunction
 | * Pregnant woman
 |
| * Person in long-stay residential care home or care facility
 | * Carer
 |
| * Household contact of immunocompromised individual
 | * Morbid obesity (BMI ≥ 40)
 |
|  | * Social care worker
 |  |
| Additional comments (e.g. any adverse reaction to the vaccine and action taken/recommended to manage the adverse reaction) |

|  |  |
| --- | --- |
| Pharmacyname  |    |
| Address |  |
|  Telephone |  |

 **CONFIDENTIAL**