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

| To (GP practice name) |  |
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| **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 pharmacist  Read V2: 65ED0  CTV3: XaZfY  SNOMED 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) | | | | |

|  |  |
| --- | --- |
| Pharmacy  name |  |
| Address |  |
| Telephone |  |

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