**Request to provide NHS flu vaccination to care home/long-stay residential home patients**

| Name of pharmacy making request |  |
| --- | --- |
| Pharmacy address |  |
|  |
| Town/City |  |
| Postcode |  |
| Contact telephone |  |
| ODS code | F |
| Signed |  |
| Print Name |  |
| Date [DDMMYYYY] |  |  |
| **Details of where the vaccination will be administered** |
| Name of facility |  |
| Address |  |
| Postcode |  |  |
| Reason for request to vaccinate at this location?(e.g. resident/patient is bed bound, lacks mental capacity) |  |
| **Pharmacy declaration for meeting minimum requirements:** |
| Each patient’s GP has been contacted and is aware that the pharmacist will vaccinate the patient in the care home/long-stay residential facility | [ ]  Yes |
| The pharmacy’s professional indemnity insurance covers offsite flu vaccination | [ ]  Yes |
| The pharmacist(s) has a valid DBS check | [ ]  Yes |
| Appropriate arrangements for waste management for the provision of vaccinations in the facility are in place | [ ]  Yes |
| The setting for provision of vaccinations is suitable(e.g. will meet all the requirements for confidentiality) | [ ]  Yes |
| Appropriate infection control is available in the setting for provision of vaccinations | [ ]  Yes |
| Suitable cold chain arrangements for the transport of vaccines are in place | [ ]  Yes |

Please complete the form below in full and submit your request to the local NHS England team (see contact details on the NHS Employers and PSNC websites)