**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 on: / / |
| To ensure that your records are complete, you may find it useful to record this as:Seasonal influenza vaccination given by pharmacistSNOMED CT: 955691000000108 |
| 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) |
|  | [ ]  Aged 50-64 (not in risk group) | [ ]  Learning disability |
|  | [ ]  Employed through Direct Payment or Personal Health Budget | [ ]  Primary care contractor or frontline staff |
|  | [ ]  Frontline Health & Social care worker | [ ]  Hospice worker |
| Additional comments (e.g. any adverse reaction to the vaccine and action taken/recommended to manage the adverse reaction) |

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

 **CONFIDENTIAL**