

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 pharmacist
 SNOMED CT: 955691000000108

Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible)	<input type="checkbox"/> Aged 65 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 ≥ 40)
	<input type="checkbox"/> Aged 50-64 (not in risk group)	<input type="checkbox"/> Learning disability
	<input type="checkbox"/> Employed through Direct Payment or Personal Health Budget	<input type="checkbox"/> Primary care contractor or frontline staff
	<input type="checkbox"/> Frontline Health & Social care worker	<input type="checkbox"/> Hospice 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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