NHS Flu Vaccination Service - Record Form

* indicates sections that must be completed

Patient's details																				
First name*																				
Surname*																				
Address*																				
Postcode																				
Telephone																				
Date of birth*							NHS No.													
GP practice*																				

Patient's emergency contact																			
Name																			
Telephone																			
Relationship to patient																			
Any allergies																			

Eligible patient group*	☐ 65 years 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)
	☐ 50-64 years (not in risk group)	☐ Learning disability
	☐ Employed through Direct Payment of Personal Health Budget	☐ Primary care contractor or frontline staff
	☐ Frontline Health & Social care worker	☐ Hospice worker

Vaccination details

Name of vaccine/ manufacturer*	Apply vaccine sticker if available		Date of vaccination*				Pharmacy stamp					
Batch Number*			Injection site*	☐ Left upper arm ☐ Right upper arm								
Expiry Date*			Route of administration*	☐ Intramuscular ☐ Subcutaneous								
Location (if not in the pharmacy)*	☐ Patient's home ☐ Long-stay care home or long-stay residential facility ☐ Other location (please state):											
Any adverse effects*												
Advice given and any other notes												
Administered by*		Signature*			Registration number*							