NHS Flu Vaccination Service – Record Form (Information which must be recorded in the point of care system)

* 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)
	☐ Workers employed through Direct Payment of Personal Health Budget	☐ Learning disability
	☐ 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							