Gateshead Council Pharmacy Seasonal Influenza Vaccination Service - Record & Consent Form

Patient's details																					
First name*																					
Surname*																					
Address																					
Postcode																					
Telephone																					
Date of birth*					NHS Number																
GP practice*																					

Council Staff Service Extra Details

Ethnicity _____

Gateshead Council Voucher No _____

Where you vaccinated last year Yes ☐ No☐

If yes where Pharmacy ☐ GP ☐ Occupational Health ☐

Other ☐ Please State_____

Patient consent

1. I agree to be given a flu vaccination by a trained pharmacist.
2. I confirm I have not already received a flu vaccination for this flu season.
3. I declare that the information I have given on this form is correct and complete.
4. I consent to the disclosure of relevant information, where appropriate, from this form to:
   - my GP practice to help them provide care to me; and
   - Gateshead Council & NHS England (the national NHS body that manages pharmacy and other health services) for the purposes of checking payments to the pharmacy and to allow them to make sure the service is being provided properly.

Signature		Date			

To be completed by pharmacy staff

Any allergies		
Eligible patient group*	☐ Aged over 65	☐ Chronic respiratory disease
	☐ Chronic heart disease	☐ Chronic kidney disease
	☐ Chronic liver disease	☐ Chronic neurological disease
	☐ Diabetes	☐ Immunosuppression
	☐ Splenic dysfunction	☐ Pregnant woman
	☐ Person in long-stay residential or home	☐ Carer
	☐ Household contact of immunocompromised individual	

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			
Any adverse effects*						
Advice given and any other notes						
Administered by* (pharmacist name)		Signature*		GPhC number*		