Gateshead Council Employee Flu Vaccination Service - Record & Consent Form

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| **Patient’s details** | | | | | | | | | | | | | | | | | | | | | |
| First name\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Postcode |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | |
| Telephone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth\* |  |  |  |  | NHS Number | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| GP practice\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Council Staff Service Extra Details** | | | | | | | | | | | | | | | | | | | | | |
| Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gateshead Council ID No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department must be recorded below)  Where you vaccinated last year Yes **☐** No**☐**  If yes where Pharmacy **☐** GP ☐ Occupational Health ☐  Other ☐ Please State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| **Council Depts / Teams – Please Tick (Only those below Eligible)** | | | | | | | | | | | | | | | | | | | | | |

**Adult Social Care and Independent Living Service**

Adult Social Care Direct ☐

Community Links ☐

Court of Protection ☐

Courts ☐

Day services ☐

Disabilities ☐

Eastwood, Southernwood, Shadon House PUC ☐

Enterprises ☐

Gateshead Care Call ☐

Independent Supported Living Service ☐

Learning Disabilities ☐

Long term east ☐

Long-term West Team ☐

Marquisway and Bungalow☐

MCA/DOLS ☐

Mental Health ☐

Occupational Therapy ☐

Operational support ☐

Prime ☐

Safeguarding ☐

Shared Lives ☐

Single Point of Access ☐

Transitions ☐

GATES ☐

Review Team ☐

**Children and Families Support Service**

Adoption ☐

Blaydon Children's Home ☐

Early Help ☐

Early Years ☐

Fostering Social Workers and Admin☐

Grove House ☐

Looked After Children and Admin ☐

Play Development ☐

Referral and Assessment ☐

Safeguarding and Care Planning ☐

SEND ☐

**Commissioning and Quality Assurance**

Commissioning

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **To be completed by pharmacy staff** | | | | | | | | | | | | | | | | | | | |
| Any allergies | |  | | | | | | | | | | | | | | | | | |
| NHS 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 / Social Care Work / Hospice Worker | | | | | | | | | | | |
| Household contact of immunocompromised individual | | | | | | | | | Morbid Obesity (BMI ≥ 40) | | | | | | | | |
| **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\* | | | |  |  |  |  |  |  |  |



Pharmacy Stamp

|  |  |
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|  |  |

**Consent to participate in the:**

Council Employee Flu Vaccination Service

|  |  |
| --- | --- |
| Patient’s name and address | Bag label |

I agree to be given a flu vaccination by a trained pharmacist; and

I confirm I have not already received a flu vaccination for this flu season.

|  |  |
| --- | --- |
| Patient’s signature |  |
| Date |  |

We will send your name, address and information about your flu vaccination to your GP practice so they can update your health record.

We may send this completed form to Gateshead Council

If they need to check our payments for providing this service. If they need to, this will allow them to contact you to check that we gave you a flu vaccination.

If you have any queries about how we process your personal data or would like to exercise your rights under data protection legislation, please speak to a member of staff.