

# South Tyneside Council Pharmacy Seasonal Influenza Vaccination Service - Record & Consent Form

Patient's details																			
First name*																			
Surname*																			
Address																			
Postcode																			
Telephone																			
Date of birth*																			
GP practice*																			
Council Staff Service Extra Details																			
Ethnicity _____																			
South Tyneside Place of Work / ID No _____ Team _____																			
If council Staff please record which team _____																			
Where you vaccinated last year Yes <input type="checkbox"/> No <input type="checkbox"/>																			
If yes where Pharmacy <input type="checkbox"/> GP <input type="checkbox"/> Occupational Health <input type="checkbox"/>																			
Other <input type="checkbox"/> Please State _____																			
Patient consent																			

Patient Consent on Separate Page to aid with GDPR requirements in the event of an Audit

## To be completed by pharmacy staff

Any allergies					
NHS Eligible patient group*	<input type="checkbox"/> Aged over 65	<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"/> Splenic dysfunction	<input type="checkbox"/> Pregnant woman			
	<input type="checkbox"/> Person in long-stay residential or home	<input type="checkbox"/> Carer / Social Care Work / Hospice Worker			
	<input type="checkbox"/> Household contact of immunocompromised individual	<input type="checkbox"/> Morbid Obesity (BMI ≥ 40)			

## Vaccination details

Name of vaccine/ manufacturer*	Apply vaccine sticker if available	Date of vaccination*				Pharmacy stamp				
Batch Number*		Injection site*	<input type="checkbox"/> Left upper arm <input type="checkbox"/> Right upper arm							
Expiry Date*		Route of administration*	<input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous							
Any adverse effects*										
Advice given and any other notes										
Administered by* <small>(pharmacist name)</small>		Signature*		GPhC number*						

Pharmacy Stamp



**Consent to participate in the:**  
Counci Community Pharmacy Seasonal Influenza Vaccination Service

Patient's name and address	Bag label
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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 South Tyneside 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.