

## Staff Influenza Immunisation Record

<b>Staff Details</b>					
Name of Staff Member					
Date of Birth:					
NHS Number					
<b>Employers Details</b>			<b>GP Details (patients only)</b>		
Name & Location			GP Name		
Telephone			GP Telephone		
Name & Job Title of Person Adminstrating Vaccine			GP Address		
<b>Inclusion Criteria</b>					
Please tick which category makes you eligible for vaccination from the list below;					
<input type="checkbox"/> Member of Staff					
<b>Suitability</b>		<b>Please circle</b>		<b>If yes, give details</b>	
1. Are you currently suffering from an acute illness/fever		Yes	No		
2. Have you had a <u>seasonal</u> flu vaccine before		Yes	No		
3. Do you have an allergy to eggs/chicken protein		Yes	No		
4. Do you have a latex allergy		Yes	No		
5. Have you had a severe reaction to seasonal flu vaccine or any other vaccine before		Yes	No		
6. Do you have a blood disorder i.e. haemophilia		Yes	No		
7. Have you received any vaccine in the last 4 weeks		Yes	No		
<b>CONSENT</b>					
I the above named member of staff give consent to be vaccinated. I confirm that I am eligible to receive the vaccination as a Frontline Health Care Worker. I agree to inform and share these details with my registered GP practice.					
Signature.....			Date .....		
<b>Immunisation Details</b>					
<b>Vaccine name</b>	<b>Product name</b>	<b>Batch number</b>	<b>Expiry date</b>	<b>Dose</b>	<b>Site</b>
Name of vaccinator..... Signature..... Date.....					
<b>Employers Action - Please ensure that this vaccination is reported on ImmForm under Seasonal Flu survey for Frontline Health Care workers (HCW's). Please note: Employers are not eligible to claim for the administration of this vaccination.</b>					