

# NHS Flu Vaccination Service - Record Form

\* indicates sections that must be completed

Patient's details																				
First name*																				
Surname*																				
Address*																				
Postcode																				
Telephone																				
Date of birth*																				
GP practice*																				
Patient's emergency contact																				
Name																				
Telephone																				
Relationship to patient																				
Any allergies																				
Eligible patient group*	<input type="checkbox"/> 65 years or over										<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"/> Asplenia / splenic dysfunction										<input type="checkbox"/> Pregnant woman									
	<input type="checkbox"/> Person in long-stay residential care home or care facility										<input type="checkbox"/> Carer									
	<input type="checkbox"/> Household contact of immunocompromised individual										<input type="checkbox"/> Morbid obesity (BMI ≥ 40)									
	<input type="checkbox"/> 50-64 years (not in risk group)										<input type="checkbox"/> Learning disability									
	<input type="checkbox"/> Employed through Direct Payment of Personal Health Budget																			
	<input type="checkbox"/> Frontline Health & Social care worker										<input type="checkbox"/> Hospice worker									

