

NHS Flu Vaccination Service – Record Form (Information which must be recorded in the point of care system) * 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"/> Workers employed through Direct Payment of Personal Health Budget								<input type="checkbox"/> Learning disability								
	<input type="checkbox"/> Frontline Health & Social care worker								<input type="checkbox"/> Hospice worker								

