|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | | **Date of birth:** |  | |
| **Department:** | Adults ⬜ | Children’s ⬜ | Place ⬜ | | Chief Exec ⬜ |
| **Division:** |  | | **Team:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Yes\*** | | **No** | **\*Please provide further information** |
| Do you have an illness, high temperature or current infection? |  | |  |  |
| Have you suffered a severe reaction to a flu vaccine in the past? |  | |  |  |
| Are you allergic to any of the ingredients of the flu vaccine? e.g., neomycin, formaldehyde and octoxinol-9 |  | |  |  |
| Have you ever had a severe reaction to egg, egg products or chicken protein? |  | |  |  |
| Do you have any bleeding disorder or are on any anticoagulant treatment? |  | |  |  |
| Do you have any other serious allergies, or have you suffered an anaphylactic reaction? |  | |  |  |
| Are you over 65 years of age? Are you over 50 or 60 and in a clinical risk group? |  | |  | AGE: |
| **If you have answered ‘YES’ to any of the questions above or have any other concerns, please discuss these with the nurse prior to receiving any vaccine.**  I have read the frequently asked questions overleaf and am aware I have an opportunity to ask the nurse any questions prior to receiving the vaccination and agree to receiving it. | | | | |
| **Signed:** | | **Date:** | | |

|  |
| --- |
| Is the vaccine supplied today the same as the one my GP is offering me? |
| This year there are several different vaccines available for those 65 years of age and over, those aged over 50 or 60 who are in a clinical risk group, those aged between 18 and 50 who are in a clinical risk group and individuals who are pregnant.  The range of vaccines available reflects the research into vaccine efficacy for different ages/risk groups. These vaccines are available as part of the NHS Influenza vaccination programme.  The vaccine offered today is an inactivated egg-based vaccine. Individuals in any of the groups mentioned above can have this vaccine as long as there are no true contraindications (allergy, significant current illness) but are advised to have the one for their recommended age/risk group as it is likely to be more effective. This can be discussed with the nurse at clinic if you wish. |

**For use by Occupational Health staff only:**

|  |  |  |
| --- | --- | --- |
| **Vaccinator Name** | **Vaccinator Signature** | **Date** |
|  |  |  |
| **Inactivated flu vaccine 0.5ml** | **Expiry date / batch number (attach label from syringe barrel)** | **Site** |
|  |  |
| **Any adverse events noted during or after vaccination have taken place?** | | |
|  | | |
| **Any additional information given?** | | |
|  | | |

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