**Wargrave Surgery: FLU FORM 2021/22**

 **65 AND OVER - (As at 31 March 2021)**

Please have a completed consent form before attending the Flu vaccination clinic.

You will need to telephone reception to book a time slot.

**Name: ………………………………………………………………………………..**

**Age: ……………………………. Dob: …………………………..........**

**Ethnicity: White British □ Asian □ Black African □ Balck Caribbean □**

 **White European □ Chinese □ Other: ……………………….**

**-----------------------------------------------------------------------------------------------------**

**Are you a carer? Y/N**

**Who do you care for? …………………………….. Relationship ………………………….**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Height ……………………… Weight ………………………………**

**Do you smoke Yes / No**

**Do you have any of the following:**

 **HEART DISEASE Y/N DIABETES Y/N**

 **RESPIRATORY PROBLEMS Y/N KIDNEY DISEASE Y/N**

 **LOWERED IMMUNITY Y/N LIVER DISEASE Y/N**

 **CARDIOVASCULAR DISEASE Y/N Pregnant Y/N (Weeks: )**

 **CARER OF SOMEONE WITH LOWERED IMMUNITY Y/N**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For completion by all Patients**

**PLEASE TELL THE NURSE IF:**

- You have had a breast operation – Do NOT have an injection in that arm

- You have had a reaction to a previous vaccination?

- You are unwell today

- You are undergoing radiotherapy or chemotherapy treatment

- You are allergic to eggs or chicken, or to (rare): Neomycin, or Polymyxin

**I CONFIRM THAT NONE OF THE ABOVE APPLIES TO ME.**

**SIGNED: …………………………………………………………**

**OFFICE USE ONLY:**

**FLU? BATCH NO:**

**DATE: ON COMPUTER:**