

Wargrave Surgery: FLU FORM 2023/24
65 AND OVER - (As at 31 March 2023)

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** **Black Caribbean**
White European **Chinese** **Other:**

Are you a carer? Y/N

Who do you care for? Relationship

Height

Weight

Do you smoke Yes / No If 'Yes' How many per day

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: