



## Wargrave Surgery: Flu Form 2023/24 Under 65 at risk

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 Is '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

### 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: