NHS Flu Vaccination Service – Template Record Form 2023

***Important Note -** A paper-based record keeping system is no longer allowed for the NHS Flu Vaccination Service: vaccinations MUST be recorded **electronically** using an NHS assured point of care system (e.g. PharmOutcomes). This form has been developed by Community Pharmacy West Yorkshire as a resource to aid contractors, (e.g. as a back-up in case the system is down), but the NHS assured point of care system must always be used.*

* indicates sections that must be completed

Patient's Details													
First name*													
Surname*													
Address*													
Postcode													
Telephone													
Date of birth*		NHS No.											
GP practice*													

Patient's Emergency Contact		
Name		
Telephone		
Relationship to patient		
Any allergies		
Eligible patient group*	☐ 65 years or over	☐ Chronic respiratory disease
	☐ Chronic heart disease	☐ Chronic kidney disease
	☐ Chronic liver disease	☐ Chronic neurological disease
	☐ Diabetes	☐ Immunosuppression
	☐ Asplenia / splenic dysfunction	☐ Pregnant woman
	☐ Person in long-stay residential care home or care facility	☐ Carer
	☐ Household contact of immunocompromised individual	☐ Morbid obesity (BMI ≥ 40)
	☐ Employed through Direct Payment of Personal Health Budget	☐ Learning disability
	☐ Frontline Health & Social care worker	☐ Hospice worker

*Vaccinations must be recorded **electronically** on the same day that they are administered. Please ensure you record onto the NHS point of care system ASAP and on the same day that the vaccination has been given.*

Vaccination Details				
Name of vaccine/ manufacturer*	Apply vaccine sticker if available	Date of vaccination*		Pharmacy stamp
Batch Number*		Injection site*	☐ Left upper arm ☐ Right upper arm	
Expiry Date*		Route of administration*	☐ Intramuscular ☐ Subcutaneous	
Location (if not in the pharmacy)*	☐ Patient's home ☐ Long-stay care home or long-stay residential facility ☐ Other location (please state):			
Any adverse effects*				
Advice given and any other notes				

Administered by*		Signature*		Registration number	

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