

Record a vaccination form

Patient details

NHS number	
First name	
Last name	
Date of birth DD MM YYYY	
Gender	☐ Male ☐ Female ☐ Other ☐ Unknown
Postcode	

Date of vaccination

DD MM YYYY	
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Vaccinator's name

First and last name	
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Vaccine details

Vaccination type	☐ Influenza ☐ COVID-19
Batch details (if more than one batch listed on RAVS)	

Why are you giving the patient the vaccine?

Eligibility reason	Influenza ☐ Based on age ☐ Healthcare worker Role: _____ ☐ Pregnant ☐ In a clinical risk group ☐ Resident in a care home ☐ Carer ☐ Social Care Worker ☐ Household contact of someone immunosuppressed ☐ Homeless COVID-19 ☐ Resident in a care home for older adults ☐ Aged 75 and over, not in a care home ☐ Immunosuppressed
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Consent

Consent given by	☐ Patient ☐ Clinician acting in the patient's best interests ☐ Person with lasting power of attorney for health and welfare ☐ Parent or guardian ☐ Independent mental capacity advocate ☐ Court appointed deputy
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If someone gave consent on behalf of the patient, enter their details

Name	
Relationship to patient	

Where did you give the injection? (only for injected vaccines)

☐ Left arm ☐ Right arm ☐ Left buttock ☐ Right buttock ☐ Left thigh ☐ Right thigh

Did you give a full dose of the vaccine? (only for Fluenz nasal flu vaccine)

☐ Yes, both nostrils ☐ No, 1 nostril only
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