OCCUPATIONAL INFLUENZA IMMUNISATION

Administration Form – Part A
Community Pharmacy

Surname:	**Forenames(s):**
Date of Birth:	**Work Telephone Number / contact details:**
Occupation:	**Department/location or employer:** e.g. Ward 14 ARI; Aberdeen City Council
Home address	**Address of General practitioner**
Form of ID: - **Badge** ☐ - **Letter** ☐ Other *please state*	

To be completed by the pharmacist:

I have explained the procedure and administered the following 0.5mL influenza vaccine administered by IM injection into the deltoid muscle in the LEFT / RIGHT arm (delete as appropriate). If another site has been used please document below:

Alternative site_____

Date administered:	**Pharmacy stamp**
Product Affix product sticker	
Manufacturer:	
Expiry & Batch Number	
Adverse reactions noted: *(if applicable)*	
Pharmacist Signature:	**GPhC number**
Print Name	

Submit a copy of this form to NHS Grampian for remuneration purposes

Pharmacy stamp

OCCUPATIONAL INFLUENZA IMMUNISATION
Community Pharmacy Consent Form – Part B

To be completed by the patient

Department/location or employer: e.g. Ward 14 ARI; Aberdeen City Council

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Occupational Group	**Please tick appropriate box**
Medical practitioner (other than GP) *e.g. Consultant, specialist registrar, associate specialist, speciality doctor etc.*	
General Practitioner (GP)	
Nursing / Midwifery (qualified and unqualified) *e.g. Hospital/district /mental health/school /bank nurse, health visitor, midwife, etc.*	
Medical support *e.g. Theatre services*	
Administrative services *e.g. Administrative assistant, reception, IM&T, finance, HR, patient services etc.*	
Allied health professionals *e.g. Physiotherapist, occupational therapist, dietician, radiographer, podiatrist, etc.*	
Support services *e.g. Porter, security, catering, sterile, stores, domestic, estates, hotel, laundry, care assistant*	
Healthcare sciences *e.g. Biomedical scientist, clinical scientist, clinical photo/illustrate scientist etc.*	
Other therapeutic services *e.g. Pharmacy(managed service), psychology, genetic counselling, optometry, play specialist etc.*	
Community pharmacy *e.g. pharmacists, technicians, medicines counter assistants etc*	
Dentists & dental support *e.g. Dentist, dental officer, dental nursing, dental technology, oral health etc.*	
Management *e.g. General/management services, clinical researchers etc.*	
Emergency Services *e.g. ambulance staff, paramedics*	
Personal and social care (Local Authority Services and Private Care Homes) *e.g. Home carers, care home staff, social worker, health improvement officer, chaplaincy, etc.*	
Other – please state:	

Please answer the following questions. Mark either 'Yes' or 'No' giving details where required

Medical Details	**Yes/No**	**Dates and Details**
Do you take tablets/medicine for any reason?		
Are you allergic to anything - food (e.g. eggs), drugs, animals etc?		
Do you suffer from asthma or hay fever?		
Do you suffer from a chronic or recurring illness?		
Are you or do you think you may be pregnant?		
Are you breast-feeding at present?		
Have you had any severe reactions to previous vaccines e.g. rash, tongue swelling, shortness of breath?		
Have you had any other immunisations or vaccinations during the last six weeks?		
Are you well today?		

I have read the Influenza Information Leaflet and had the procedure and its implications explained to me. The above information is correct and I consent to having Influenza Vaccine from a trained pharmacist.

Patient Signature: _____ **Date:** _____