

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 <input type="checkbox"/> - Letter <input type="checkbox"/> Other please state <input type="checkbox"/>	

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
Inactivated Influenza Vaccine Product split Virion BP	Aberlour Pharmacy 4093 112 High Street Aberlour, Moray AB38 9NX
Manufacturer: Sanofi Pasteur MSD	
Expiry & Batch Number 04/2017 N3E101V	
Adverse reactions noted: (if applicable)	
Pharmacist Signature:	GPhC number 2043564 KB
Print Name KAREN BRAITHWAITE/REBECCA HODGE	2084593 RH

Please complete
Page 2 →

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

Pharmacy stamp
Aberlour Pharmacy 4093
 112 High Street
 Aberlour, Moray
 AB38 9NX

**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

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. NHSG Dentist, dental officer, dental nursing, dental technology, oral health etc.	
General Dental Practice staff e.g. private dental practices undertaking the same jobs as in "Dentists and Dental Support"	
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: _____