

SEASONAL INFLUENZA VACCINATION CONSENT FORM Season 2017-18
Lothian Local Authority Social Care Workforce



Please see reverse for help in completing the form with important information
 (Print double sided if possible)

Surname		Date of birth		Sex (M/F)	
Forenames		Occupation			
Registered GP Practice:		Service Area		Location	

SOCIAL CARE STAFF WHO WORK WITH VULNERABLE OR AT RISK CLIENTS
 Please specify which local authority you are employed by (please only one box ✓)

Edinburgh HSCP <input type="checkbox"/>	West Lothian HSCP <input type="checkbox"/>
East Lothian HSCP <input type="checkbox"/>	Midlothian HSCP <input type="checkbox"/>
Other (Please Specify below) <input type="checkbox"/>	

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Please tick the appropriate boxes ✓ (see Seasonal Influenza Patient Information leaflet)		YES	NO
1	Are you currently immuno-compromised?		
2	Are you allergic to egg/chicken protein, ovalbumin, formaldehyde, gentamicin sulphate, Thiomersal, sodiumdeoxycholate?		
3	Do you have a history of an anaphylactic reaction to any ingredient of any vaccine?		
4	Have you ever had an anaphylactic reaction to influenza vaccine in the past?		
5	Do you have any allergies?		
6	Do you belong to a clinical risk group? (e.g. Asthmatic)?		
7	Do you feel unwell, have a temperature or infection?		
8	Are you, or do you think you might be, pregnant? If so, have you discussed vaccination with your midwife?		
9	I consent to seasonal flu vaccination		

If you answer "YES" to questions 1-8 please give details

By signing below you agree that you have read the influenza vaccine patient information sheet and consent to receive seasonal vaccine.

Signature: **Date:**

Only administer flu vaccine in conjunction with PGD and Green Book chapter information

For Office Use Only:

Vaccine	Date Given	Clinic Site	Brand	Batch Number	Expiry Date
Seasonal Flu					

Site of Injection	Name	Designation	Signature

NOTES

Different brands may contain traces of formaldehyde, polymixin B, neomycin, octoxinol 9, polysorbate 80, cetyltrimethylammonium bromide, sodium deoxycholate, diethyl ether or gentamicin, Kanamycin (Agrippal) and other excipients – practitioners should check the manufacturer’s summary of product characteristics or package insert for the particular brand.

Data Management

Work contact details, e.g. tel no. or email address: We will only contact you if some of the information you have entered in the form is not clear or appears to be incorrect

Allergies and contraindications: Please refer to the Seasonal Influenza Patient Information leaflet

NHS Lothian provides the flu vaccine to Local Authority Social Care Staff or voluntary staff who work with or have contact with people in the clinical at risk groups as detailed in the Chief Medical Officer (CMO) letter.

SGHD/CMO(2017) 11