NHS FLU & COVID JABS ONLY

ALLISONS CHEMIST —PHARMACY & GIFTS—

Vaccination data collection form. Complete clearly in BLOCK CAPITALS for subsequent NHS record entry.

RECEPTION - VACCINE REQUEST (tick one)

☐ FLU	☐ COVID (Over 75 & immunosuppressed ONLY)	☐ BOTH

1 Patient details

NHS number

First name(s)	Surname
Date of birth DD / MM / YYYY	**Contact number**
Address line 1	**GP Surgery**
Town / city	**Postcode**

2 Eligibility - why is the patient being given the vaccine?

- ☐ Age-based eligibility
- ☐ Resident in a care home
- ☐ Social care worker
- ☐ Pregnant
- ☐ Immunosuppressed (COVID)
- ☐ Healthcare worker
- ☐ Carer
- ☐ Household contact of a person with immunosuppression
- ☐ In a clinical risk group

Vaccination date DD / MM / YYYY

Vaccinator: Nathaniel Mitchell | GPhC 2049336

Vaccine(s) administered and administration site

COVID-19	Data clerk initials	FLU	Data clerk initials
☐ Left upper arm ☐ Right upper arm		☐ Left upper arm ☐ Right upper arm	

4 Clinical notes

Significant allergies, medical conditions or medication

Vaccinator signature	DATA ENTRY CONFIRMATION Data clerk initials ☐

Confidential patient information: keep secure, transfer promptly to the authorised data team, and file or dispose of in accordance with pharmacy procedures.