

Patient Details

| | |
|--------------------------------------------|--|
| CHI Number (if known) | |
| First Name | |
| Last Name | |
| Date of Birth (DD/MM/YYYY) | |
| GP Practice Code | |
| Eligibility Criteria (see reference table) | |

Screening and Consent

Has the patient received any vaccinations in the last 6 months? Yes No

If 'Yes' provide previous vaccination details

| Vaccination Course | Dose Number | Date (DD/MM/YYYY) |
|--------------------|-------------|----------------------------------------------|
| | | <input type="checkbox"/> Date is approximate |

Today's Vaccination

COVID-19 Flu Pneumococcal Other

If 'Other' vaccination state vaccination type _____

Suitability for Vaccine

Patient is Suitable Patient is NOT Suitable

If 'Patient is NOT Suitable' (tick the reason not suitable)

- Not well on the day due to acute symptoms
 Treatment deferred due to previously undeclared contraindications

Consent to Vaccination

- Consent Given
 Consent NOT Given

Vaccination

Vaccination Was Administered Vaccination Was NOT Administered

If 'Vaccination was NOT Administered' tick the reason not administered

Patient refused vaccine Other If 'Other' describe reason _____

| Product | Batch number | Dose Number | Method of administration | Site of administration |
|---------|--------------|-------------|--------------------------|------------------------|
| | | | | |

Patient was directed to vaccination information and guidance

Does the patient agree to be contacted about this vaccination for purposes of research?

Patient Agreed to be Contacted Patient Did NOT Agree to be Contacted

Immuniser Name _____ Signature _____ Date _____

Eligibility Criteria Reference Table

| | |
|----|------------------------------|
| 1 | Healthcare worker |
| 2 | Social care worker |
| 3 | Care home resident |
| 4 | Care home staff |
| 5 | Shielding |
| 6 | Shielding household member |
| 7 | Age 80 and over |
| 8 | Unpaid Carer |
| 9 | Care at Home |
| 10 | Other (include other reason) |