**Wargrave Surgery: FLU FORM 2020**

 **65 AND OVER - (As at 31 March 2020)**

We will be running the flu clinics differently this year due to the COVID pandemic.

Please have this consent completed and signed before you come to the surgery and bring it with you.

You will need to telephone reception to book a time slot. We will post updates on our website.

**Name: ………………………………………………………………………………..**

**Age: ……………………………. Dob: …………………………..........**

**Ethnicity: White British □ Asian □ Black African □ Balck Caribbean □**

 **White European □ Chinese □ Other: ……………………….**

**We are asking for this as it may become relevant in the coming months due to the COVID 19 pandemic**

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**Are you a carer? Y/N**

**Who do you care for? …………………………….. Relationship ………………………….**

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**Have you served in the Armed Forces? Y/N**

**Which Service? ……………………………….. Dates …………………to…………………………**

**For completion by all Patients**

**PLEASE TELL THE NURSE IF:**

**-** You are pregnant – How many weeks?

- You have had a breast operation – Do NOT have an injection in that arm

- You have had a reaction to a previous vaccination?

- You are unwell today

- You are undergoing radiotherapy or chemotherapy treatment

- You are allergic to eggs or chicken, or to (rare): Neomycin, or Polymyxin

**I CONFIRM THAT NONE OF THE ABOVE APPLIES TO ME.**

**SIGNED: …………………………………………………………**

**OFFICE USE ONLY:**

**FLU? BATCH NO:**

**DATE: ON COMPUTER:**