**Wargrave Surgery: Flu Form 2020 Age 50 to 64**

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

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

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

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

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

**We are asking for this as it may become relevant in the coming months due to the COVID 10 pandemic**

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

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

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**Height ……………………… Weight ………………………………**

**Do you smoke Yes / No**

**Do you have any of the following:**

**HEART DISEASE Y/N DIABETES Y/N**

**RESPIRATORY PROBLEMS Y/N KIDNEY DISEASE Y/N**

**LOWERED IMMUNITY Y/N LIVER DISEASE Y/N**

**CARDIOVASCULAR DISEASE Y/N Pregnant Y/N**

**CARER OF SOMEONE WITH LOWERED IMMUNITY Y/N**

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Because of high demand for flu injections this winter, the government have had to look abroad for extra supplies. The flu injection which we have been provided to give you by the government, Flublok quadrivalent, has been licensed and used in the US since 2013 and is being offered in accordance with UK National guidance. Although it does not have UK marketing authorisation, it has been provided with temporary authorisation by the MHRA for temporary supply in the UK.

**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:**