**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**

 **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:**