NHS
Norfolk and Waveney
Clinical Commissioning Group

Resident Flu vaccination information list

Care home: _____ floor: _____Date_____

Coordinator during flu vaccination programme: _____

1. Please have this list completed for timely vaccination of eligible residents
2. Please record all residents on the list
3. Use one list per floor i.e.: residential/nursing if different teams are delivering the vaccination
4. Prior written Consent not required, this will be obtained on the day by HCP

Name	**Age** On date vaccination is due to be given	**NHS number**	Does the resident have an egg allergy? **Y/N**	Has the resident any history of anaphylaxis to flu vaccine **Y/N**	Has the resident had their flu vaccine for 2020-21 **Y/N**	Capacity/best interests. (BI consider views on vaccinations when had capacity) risks vs benefits. Time specific decision; verbal consent will be obtained from HCP giving vaccine. Record all BI decisions and rational	**GP Practice**