

Staff Flu Vaccination Return

Care Home name:	
Care Home address:	
Total number of staff	
Number of staff in 'at risk' group	
Number of staff vaccinated with letter	
Number of staff unable to be vaccinated due to medical advice	
Number of staff declined*	
<i>*If declined, please state reason why:</i>	

Once completed, please email this form to:

For providers in the Great Yarmouth and Waveney area: ecch.infectionprevention@nhs.net

For providers in North Norfolk, South Norfolk, West Norfolk and Norwich: i.karrouze@nhs.net