

2023/24 STAFF SEASONAL FLU VACCINATION | CONSENT FORM

SECTION 1- ALL STAFF

First Name (PLEASE PRINT)					Surname (PLEASE PRINT)				
Job Title					Date of Birth				
Directorate (Please Tick)	Bedford		City & Hackney		Corporate		Forensic Services		
	Luton		CHS - TH		CHS- Children Services		MHCOP		
	Newham		CHS - Newham		Specialist Services		Tower Hamlets		
	CHS - Bedford								

Do You: (Tick only one)	<input type="checkbox"/>	Consent to Vaccination – Please complete sections 2 & 5
	<input type="checkbox"/>	Confirm you have had the flu vaccination elsewhere already – please complete sections 3 & 5
	<input type="checkbox"/>	Not wish to receive the vaccination – please complete sections 4 & 5

SECTION 2 – CONSENT TO VACCINATION (PLEASE ANSWER ALL OF THE BELOW QUESTIONS)

1. Do you feel unwell today?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Do you have a temperature?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Have you had any severe reactions to the flu vaccine in the past?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Have you had any severe reaction to any vaccine in the past?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Are you allergic to eggs? (Define nature of allergy)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Are you allergic to any other medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the staff member answers YES to any of the above questions, ask for further information and either defer, refer or seek advice as appropriate				
7. Do you have a bleeding disorder?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the staff member answers YES to this question, administer the injection VIA subcutaneous route if trained and assessed as competent to do so, otherwise refer to a suitably qualified healthcare professional				

SECTION 3 – CONFIRM HAD VACCINATION ELSEWHERE (PLEASE TICK)

I received the flu vaccine at:	GP		Community Pharmacy		Other	
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SECTION 4 – DECLINE VACCINATION (PLEASE TICK)

I HAVE BEEN GIVEN THE INFORMATION REGARDING THE BENEFITS OF THE FLU VACCINE BUT HAVE CHOSEN NOT TO RECEIVE IT.	
REASON/S FOR DECLINING THE VACCINE	

SECTION 5 – ALL STAFF (PLEASE SIGN AND DATE)

Signature		Date	
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SECTION 6 – TO BE COMPLETED BY ELFT FLU PEER VACCINATOR

If staff member is not suitable for vaccination and/or has declined vaccination, detail rationale and any alternative action taken	
Staff member assessed as appropriate for vaccination	
Valid consent obtained	
Expiry Date:	
Batch No:	
Site of Vaccination Delivered:	
Name of Peer Vaccinator:	
Date of Flu Clinic:	
Clinic Delivered at:	
Signature:	

Please RETURN the completed form to your Peer Vaccinator/Flu Lead
for the information to be entered onto the system.