|  |  |  |  |
| --- | --- | --- | --- |
| Care home name and address | |  | Pharmacy name: |
| RQIA care home number[s] | |  | Contractor number: |
| Care home lead: | |  | Pharmacist / clinical supervisor: |
| **Summary:** | Potential number of residents to be  vaccinated \_\_\_\_\_ | The number of residents for whom a best interest decision will require to be made: \_\_\_\_\_\_\_\_ | |

The following patients will give consent to vaccination or will require a best interest decision.

| **FOR CARE HOME USE** | | | | | | | | **FOR PHARMACY USE**  Care Home RQIA code: \_\_\_\_\_\_\_\_\_\_\_\_\_  Date of vaccinations: \_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_ | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Patient Name** | **Date of Birth** | **Health & Care number** | **Vaccine to be Administered** | **Consent or best interest decision  C or BI** | | History of significant allergy  **YES / NO** | Pharmacist / clinical supervisor  **Signature** | Influenza Vaccine  **[Flu]** Administered | **COVID-19** Vaccine Administered |
| *e.g.* | *A. N. Other* | *01/4/53* | *0123456789* | **Flu** ✔ **COVID** ✔ | *C* | *BI* | *NO* | *Pharmacist* | ✔ | ✔ |
| 1 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 2 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 3 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 4 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 5 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 6 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 7 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 8 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 9 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 10 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 11 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 12 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 13 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 14 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 15 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 16 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 17 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 18 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 19 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 20 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 21 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 22 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 23 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 24 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 25 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 26 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 27 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 28 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 29 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 30 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 31 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |
| 32 |  |  |  | **Flu** ❑ **COVID** ❑ |  |  |  |  | ❑ | ❑ |