|  |  |  |  |
| --- | --- | --- | --- |
| Care home name and address | |  | Pharmacy name: |
| RQIA care home number[s] | |  | Contractor number: |
| Care home lead: | |  | Pharmacist / clinical supervisor: |
| **Summary:** | Potential number of staff to be vaccinated [ ] | | |

The following patients will give consent to vaccination

|  | **Name** | **Date of Birth** | **Health & Care number** | History of significant allergy  **YES / NO** |  |
| --- | --- | --- | --- | --- | --- |
| RQIA REGISTRATION CODE FOR CARE HOME | Date of verbal consent | Obtained by: (Pharmacist / clinical supervisor)  **Signature** | Influenza Vaccine [Flu] Administered |
| e.g. | A. N. Other | DD/MM/YY | 0123456789 | **NO** | 12032 | DD/MM/YY | Pharmacist | ✔ |
| 1 |  |  |  |  |  |  |  | ❑ |
| 2 |  |  |  |  |  |  |  | ❑ |
| 3 |  |  |  |  |  |  |  | ❑ |
| 4 |  |  |  |  |  |  |  | ❑ |
| 5 |  |  |  |  |  |  |  | ❑ |
| 6 |  |  |  |  |  |  |  | ❑ |
| 7 |  |  |  |  |  |  |  | ❑ |
| 8 |  |  |  |  |  |  |  | ❑ |
| 9 |  |  |  |  |  |  |  | ❑ |
| 10 |  |  |  |  |  |  |  | ❑ |
| 11 |  |  |  |  |  |  |  | ❑ |
| 12 |  |  |  |  |  |  |  | ❑ |
| 13 |  |  |  |  |  |  |  | ❑ |
| 14 |  |  |  |  |  |  |  | ❑ |
| 15 |  |  |  |  |  |  |  | ❑ |
| 16 |  |  |  |  |  |  |  | ❑ |
| 17 |  |  |  |  |  |  |  | ❑ |
| 18 |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |