

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 staff 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								☐

Note: assessment of best interests

When assessing best interests the vaccinator must confirm that to the best of their knowledge, the person named has not refused this procedure in a valid advance directive. Where possible and appropriate, they have consulted with colleagues and those close to him/her; and believe the procedure to be in his/her interests.

Seasonal Influenza VACCINATION OF CARE HOME STAFF

Document revised 11/08/2026

	Name	Date of Birth	Health & Care number	History of significant allergy YES / NO		Date of verbal consent	Obtained by: (Pharmacist / clinical supervisor) Signature	Influenza Vaccine [Flu] Administered
					RQIA REGISTRATION CODE FOR CARE HOME			
7								☐
8								☐
9								☐
10								☐
11								☐
12								☐
13								☐
14								☐
15								☐
16								☐
17								☐
18								☐
19								☐

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