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								❑

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.

	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
7								❑
8								❑
9								❑
10								❑
11								❑
12								❑
13								❑
14								❑
15								❑
16								❑
17								❑
18								❑
19								❑

Note: assessment of best interests

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