

Complete all boxes - Patient to complete self assessment and vaccine consent details (Part 1)

COVID & INFLUENZA VACCINE PROGRAMME - version 11 - Issued 18/9/23

FIRST NAME:		SURNAME:		DATE OF BIRTH	
ADDRESS				POSTCODE	
NHS NUMBER		TEL NO		PAYROLL NO	
CIRCLE ONE OF:	SOUTH TEES NHS	SOUTH TEES OTHER	NHS:OTHER	PATIENT	OTHER
GP	Name, Address, Postcode				
GENDER	Male, Female, Prefer not to say		ETHNICITY		
JOB ROLE			WORK ADDRESS		

PRE VACCINATION SELF-ASSESSMENT - PLEASE COMPLETE CIRCLING YES OR NO

Does the individual have a history of anaphylaxis or significant allergic reactions to any vaccines or its ingredients?	YES / NO		
Has the individual experienced any serious adverse reaction after previous COVID-19 vaccine doses?	YES / NO		
Has the individual indicated that they are, or could be pregnant?	YES / NO		
Is it at least 3 months since the last Covid vaccine	YES / NO		
Covid Vaccine Patient consent for booster	YES / NO	Patient signature:	Date
Pfizer-BioNTech Cominarty BA4-5 0.3mls			

COVID VACCINATOR CHECK LIST

VACCINATOR TO COMPLETE THIS SECTION

PRINT FORENAME SURNAME		SIGNATURE		REGN No.	DATE
Role					
SARS-CoV2 VACCINE	Pfizer-BioNTech Cominarty BA4-5 0.3mls	Pfizer-BioNTech Cominarty 30 XBB 1.5 0.3mls		CONSENTED	YES / NO
BATCH EXPIRY	00:00	BATCH DEFROST	00:00	BATCH NUMBER:	
	DD / MM / YY		DD / MM / YY	SERIAL NUMBER:	
All unexpected steps recorded into Datix/Yellow Card			Dose Arm	LEFT	RIGHT

FLU VACCINATOR CHECK LIST

FLU VACCINE PATIENT CONSENT			YES / NO	SIGNATURE		DD / MM / YY
QIVe by Sanofi EGG-BASED	QIVc by Seqirus CELL-BASED	aQIV by Seqirus EGG-BASED ADJUVANTED	VACCINATOR NAME [BLOCK CAPITALS]		LEFT RIGHT	
BATCH STICKER	BATCH STICKER	BATCH STICKER	PIN/REGN NO	VACCINATOR SIGNATURE	DATE GIVEN	
			

