

Appendix C: NHS Community Pharmacy Seasonal influenza Vaccination Service - Record of administration of flu vaccination and consent (only required if VMT not available) V7.0 16/06/2021

Turas Vaccination Management | Patient Vaccination Record



Patient Details

First Name		Last Name	
CHI Number (if known)		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Patient Address and Postcode			
Date of Birth (DD/MM/YYYY)			
GP Address or Practice Code			
Eligibility Criteria			

Screening and Consent

Has the patient received any vaccinations in the last 6 months? Yes No

If 'Yes' provide previous vaccination details

Vaccination Course	Dose Number	Date (DD/MM/YYYY)
		<input type="checkbox"/> Date is approximate

Is the patient known to be pregnant? Yes No

Today's Vaccination

COVID-19 Flu Pneumococcal Other 'Other' vaccination type _____

Suitability for Vaccine

Patient is Suitable

Patient is NOT Suitable

Tick Reason 'Patient is NOT Suitable'

Not well on the day due to acute symptoms

Treatment deferred due to previously undeclared contraindications

Suitability Notes (optional)

Consent to Vaccination

Consent Given

Consent NOT Given

Vaccination

Vaccination Was Administered

Vaccination Was NOT Administered

If vaccine was not administered give reason

Patient refused vaccine

Other

If 'Other' describe reason _____

Product	Batch number	Dose Number	Method of administration	Site of administration

Patient was directed to vaccination information and guidance

Immuniser Name		Signature		Date	
Professional Reg Number					

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