



EPUT Immunisation Form

School and Private Provision

(Inactivated injectable flu vaccine)

Personal details

Name:

Date of Birth:

Gender: Male / Female

GP name and address:

School / Organisation name and Town

Work contact Number:

Mobile contact Number:

Important information about this immunisation (please delete as appropriate)

Have you ever had an anaphylactic (very serious) allergic reaction? NO YES*

Do you have a bleeding disorder or are you taking any medication that affects you blood clotting?

NO YES*

*If you answered **YES** to any of the questions above, please give details:

Additional information

Please be aware that if you have a high temperature and are unwell on the day of vaccination, it will need to be postponed until you feel better.

If you are in a clinical at risk group for flu* it is important that your GP is aware that you have received your flu vaccine. You will be issued with a certificate to share with your GP.

Signature:

Date:

FOR OFFICIAL USE ONLY

Date:	Site of Injection		Batch Number/Expiry Date	Dose 0.5mls	Venue where administered
	L arm /IM/SC	R arm /IM/SC			

Nurses Signature: _____

Print Name: _____

Additional Information

Date:	Comment	Name, Signature & Designation