# Record a vaccination form

## **Date of vaccination**

|  |  |
| --- | --- |
| DD MM YYYY |  |

## **Site** (only if your organisation has more than 1 site for vaccinations)

|  |  |
| --- | --- |
| Site name |  |

## **Vaccinator's name**

|  |  |
| --- | --- |
| First and last name |  |

## **Vaccine details**

|  |  |
| --- | --- |
| Vaccination type (for example, flu) |  |
| Product name (for example, Fluenz) |  |
| Batch number |  |
| Batch expiry date DD MM YYYY |  |

## **Why are you giving the patient the vaccine?**

|  |  |
| --- | --- |
| Eligibility reason |  |

## **If the patient is a healthcare worker, what is their role?** (only for flu if the patient is eligible because they are a healthcare worker)

|  |  |
| --- | --- |
| Staff role | Doctor  Qualified nurse or midwife  All other professionally qualified clinical staff  Clinical support  Non-clinical |

## **If the patient is pregnant, what is their due date?** (only for pertussis and RSV)

|  |  |
| --- | --- |
| DD MM YYYY |  |

## **Where is the vaccination taking place?** (only for COVID-19)

|  |
| --- |
| On site  Care home  Housebound patient's home  Outreach event |

## If the location is a care home, enter the name or ODS code of the care home

|  |  |
| --- | --- |
| Name or ODS code |  |

## **Patient details**

|  |  |
| --- | --- |
| NHS number |  |
| First name |  |
| Last name |  |
| Date of birth  DD MM YYYY |  |
| Gender | Male  Female  Other  Unknown |
| Postcode |  |

## **Consent**

|  |  |
| --- | --- |
| Consent given by | Patient  Clinician acting in the patient's best interests  Person with lasting power of attorney for health and welfare  Parent or guardian  Independent mental capacity advocate  Court appointed deputy |

If someone gave consent on behalf of the patient, enter their details

|  |  |
| --- | --- |
| Name |  |
| Relationship to patient |  |

## **Where did you give the injection?** (only for injected vaccines)

|  |
| --- |
| Left arm  Right arm  Left buttock  Right buttock  Left thigh  Right thigh |

## **Did you give a full dose of the vaccine?** (only for Fluenz nasal flu vaccine)

|  |
| --- |
| Yes, both nostrils  No, 1 nostril only |