

4. Is the person receiving the vaccine:

a smoker

ex-smoker

non-smoker

STAFF ONLY: Smoking cessation advice given YES/NO

REASON FOR IMMUNISATION

YES

NO

Does the person having the flu vaccine have:

Chronic respiratory disease

Asthma - on steroid inhaler (brown, purple or green inhaler)

Neurological illness eg. Stroke/MS

Chronic Heart Disease

Chronic Kidney Disease

Chronic Liver Disease

Reduced immunity due to disease or treatment

Diabetes

Are you an unpaid carer

Are you pregnant

I consent to the person named on this form receiving influenza vaccination:

Patient's (or legal Guardian's) Signature Date

Relationship to patient if signing on behalf of patient

Signature of nurse/doctor

Influenza Vaccine counterfoil