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|  | **East of England Ambulance Service NHS Trust**Whiting WayMelbournCambridgeshireSG8 6NATel: 0845 6013733 |

**GP Influenza Vaccination Notification**

As part of the East of England Ambulance Service NHS Trust annual influenza vaccination program the below member of staff has: ***(Please delete as appropriate)***

* Been administered an influenza vaccination
* Been advised to seek further guidance from their GP regarding an influenza vaccination

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| **VACCINATION CONFIRMATION FORM** |
|  |
| **FULL NAME:** |  |
| **ADDRESS:** |  |
| **DATE OF BIRTH:** |  |
| **INFLUENZA VACCINATION:** | YES / NO  |
| **IF YES: VACCINE ADMINISTERED:** |  |
| **IF NO: REASON** | ***(Please delete as appropriate)**** Egg Allergy
* Allergic to components of Vaccine
* Previous Problems with Influenza vaccine
* Has a medical condition affecting immune system
* Other (please state)
 |
| **RISK GROUP FOR VACCINATION:** | Patient Facing Operational Healthcare Worker  |  |
| Non-Patient Facing Operational Healthcare Worker |  |
| Ambulance Support Staff |  |
| **VACCINATOR NAME:** |  |
| **VACCINATOR SIGNATURE & HCPC DETAILS:** |  |
| **DATE OF VACCINATION:** |  |
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