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|  | **East of England Ambulance Service NHS Trust**  Whiting Way  Melbourn  Cambridgeshire  SG8 6NA  Tel: 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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