

Use this form if the service is temporarily unavailable.

Asterisk (*) indicates a mandatory field.

	Patient's details																						
First name*																							
Last name*																							
NHS number														•		•	•						
Date of birth*			1			1					DE	D/M	MM/YYYY										
Gender		Mal	le		☐ Female I				Othe	r		Unł	۲no۱	νn									
Telephone																							
Address*																							
Postcode									_														

	Your organisation's details																		
Name*																			
Delivery team or																			
team or site*																			

Choose vaccine*
COVID-19:
□ Comirnaty 30 JN.1
□ Comirnaty 10 JN.1
□ Comirnaty 3 JN.1
☐ Spikevax JN.1
Flu:
□ Adjuvanted Trivalent Influenza Vaccine (aTIV)
□ Cell-based Trivalent Influenza Vaccine (TIVc)
□ Efluelda (TIV-HD)
□ Fluenz (LAIV)



☐ Influvac (TIVe)														
☐ Supemtek (TIVr)														
□ Vaxigrip (TIVe)														
Pertussis:														
☐ Adacel vaccine susp	pension													
☐ Boostrix-IPV suspen	nsion													
☐ Repevax vaccine su	spension													
Respiratory syncytial	virus (RSV):													
□ Abrysvo														
	Assess the patient													
Check the patient is su	itable for vaccination:													
Is the patient eligible for the vaccine?*	□ Yes □ No													
If you selected Yes, se	lect the first relevant eligibility type:													
Eligibility type*	□ Residents in care homes													
	☐ Healthcare workers													
	☐ Social care workers													
	☐ Age-based eligibility													
	☐ Pregnancy													
	☐ Household contacts of people with immunosuppression													
	□ Carer													
	☐ In a clinical risk group													
If you selected Pregna	Incy for Pertussis or RSV, enter the expected due date:													
Expected due date*	/ / / DD/MM/YYYY													
If you selected Healtho	care workers, select the staff role:													
Staff role*	□ Doctor													
	☐ Qualified nurse/midwife													
	☐ All other professionally qualified clinical staff													
	☐ Clinical support													
	□ Non-clinical													
Assessment date*	/													
Legal mechanism*	□ National protocol (NP)													

Record a vaccination form 2

☐ Patient group direction (PGD)



	☐ Patient specific direction (PSD)															
	□ Wr	itten ins	tructi	ion	(WI))										
Assessment outcome*	□ Giv	e vacci	ne						Vac	cine	e no	t giv	en/en			
Comments (optional)								•								
If the vaccine was not	accine was not given, give a reason: vaccine not Not appropriate to vaccinate today, patient advised to rebe															
Reason vaccine not	□ No	t approp	oriate	to v	vaco	cinat	te to	day	, pa	tient	ad	vise	d to	reb	ook	
given*	□ Pat	□ Patient declined														
	□Va	□ Vaccine contraindicated														
Record consent																
Does the patient or		Yes, th		□No)											
someone on their beha consent to the	ılf															
vaccination?*																
If you selected Yes, the	ey con	sent, co	nfirm	ı wh	no g	ave	con	sen	t:							
Consent given by*		Patient	(info	rme	d c	onse	ent)									
		☐ Person with parental responsibility														
	☐ Court appointed deputy															
	☐ Independent mental capacity advocate															
	☐ Clinician following the Mental Capacity Act (in the patient's														s	
		best interests)														
		Person	with	last	ing	pow	er c	of at	torn	ey f	or p	erso	onal	wel	fare	
If someone gave conse	ent on b	ehalf of	f the	patie	ent,	con	nple	te th	neir	deta	ils:					
Name of the person																
consenting*																
Relationship to the																
patient*														L		
If no consent was give	en, con	firm the	reas	on:												
No consent reason*	☐ Having elsewhere/had vaccination															



				□ O	ther																						
				□Pe		പി	shoi	C A																			
				□Po	orcin	e (þ	огк)																			
							Vac	cina	ate																		
Have you vaccinated the patient?*			□ Ye	:S									□No)													
Vaccination dat	e*			1			/						DD)/MI	M/YYYY												
Select where th	е	[□ Ho	ospita	huk	for	sta	ff ar	nd p	atie	ents																
vaccination is		[□ Va	accina	tion	cen	tre	оре	n to	the	pu	blic															
taking place		1	☐ GP clinic																								
		☐ Community pharmacy																									
	☐ Care home																										
	☐ Housebound patient's home																										
☐ Outreach event																											
U Outleach event																											
16	2			4 -	: 4la :	r - 1	1	:			· · · · · ·																
If you selected (Care	e n	ome	, ente	rtne	e toi	lOWi	ng i	nioi	ma	TIOH		1		ı	1		T									
Organisation name*		\dashv																\vdash									
		-																<u> </u>									
Address*	_	\dashv																—									
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D	\dashv	4														L											
Postcode*	\perp	_				L																					
ODS Code*																											
If the vaccine w	vas	not	giv	en, co	onfiri	m th	e re	easc	n:																		
No vaccination		[□No	ot app	ropr	iate	to v	acc	inat	te to	oday	/, pa	atier	nt a	dvis	ed 1	o re	eboc)k								
reason*		[⊐Ра	atient (decl	inec	l																				
		[⊐ Va	ccine	con	trai	ndic	ate	b																		
If the vaccine w	vas	giv	en,	compl	ete	the	deta	ails b	oelo	W:																	
Vaccination site	*	T	 □ Le	ft upp	er a	rm																					
		1	⊐ Ri	ght up	per	arm	ı																				
		١,	م ا ٦	ft but	hock										☐ Right upper arm ☐ Left buttock												



First name*

Last name*

Record a vaccination service

		Right	butt	ock													·
		.eft tl	high														
		Right	thig	h													
		lasal	l														
	□ Oral																
Batch number*																	
Batch expiry date*		/ / DD/MM/Y												I/YY	ΥΥ		
Dose amount (ml)*																	
Assessing and consenting clinician																	
First name*																	
Last name*																	
					V	accir	nato										
Is the vaccinator the same person as the clinician named above		Yes									No						
If you selected No, co	onfir	m th	e va	ccina	ator's	s det	ails:				•						