

Cheddar Medical Centre

2020 Flu Form

Please complete in BLOCK CAPITALS

Name: Age:

Ethnicity*:

You cannot have an influenza vaccination if you have a fever.

Do you feel feverish today? Yes/No

Have you had an influenza vaccination before? Yes/No

Have you ever had an allergic reaction to a Vaccination? Yes/No

Do you have a history of Guillain-Barré Syndrome? Yes/No

Do you have an egg allergy? Yes/No

If you are aged 50-64 and not in an at-risk category you will receive a Flublock Quadrivalent vaccine. Flublok does not have a UK marketing authorisation. It has been granted temporary authorisation by the Medicines and Healthcare products Regulatory Agency (MHRA) for supply in the UK.

I have read and understood the information above and wish to receive the flu vaccine.

Signed: Date:

Complete this form and bring it to your appointment.