2025/26 FLU VACCINATION QUESTIONNAIRE VERSION Sept 2025

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| PRINT NAME: |  |
| Date of Birth: | Age: |  |
| NHS number: |  |
| Phone number: | Post code: |  |
| Registered GP Practice: |  |

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| What is your reason for the flu jab (tick one):🞏 Age 65 or over 🞏 Child aged 2 or 3 years on 31.08.2022🞏 Child aged 2-15 years who cannot have the live attenuated flu vaccine (nasal vaccine) 🞏 Chronic respiratory disease requiring a steroid inhaler🞏 Chronic heart disease🞏 Chronic kidney disease🞏 Chronic liver disease🞏 Chronic neurological disease🞏 Diabetes🞏 Immunosuppression🞏 No spleen or spleen not functioning🞏 Pregnancy🞏 Morbid obesity (BMI 40 and over)🞏 Learning disability🞏 Carer🞏 Health care worker🞏 Social care worker🞏 Hospice worker🞏 Locum GP🞏 Household contact of immunocompromised individual |

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|  | Yes | No |  |
|  Do you have an egg allergy?If yes – please circle:MILD (not required hospitalization) SEVERE (previously required hospitalization) |  |  |  |
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| Have you ever had a serious allergic reaction to any ingredients of vaccines or drugs? |  |  |  |
| Do you have a fever at the moment? |  |  |  |
| FOR CLINICIAN USE ONLY: (CIRCLE) | Left / Right Type: Batch: |
| Date: Time: | Clinician: |