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: | | | |