

Basic Information	
First Name(s)	Last Name(s)
Date of Birth	Telephone
Postcode	Address
GP Practice	NHS Number

Encounter Details	
Care Setting Type	<div><div><input type="checkbox"/> Onsite</div><div><input type="checkbox"/> Home of Housebound Patient</div></div> <div><div><input type="checkbox"/> Roving at a Care Home</div><div><input type="checkbox"/> Roving at a Residential Facility</div></div> <div><div><input type="checkbox"/> Roving at a Detained Setting</div><div><input type="checkbox"/> Community Pharmacy Led Site</div></div>

Eligibility Criteria	
(Tick any that apply to the patient)	
<div><input type="checkbox"/> Individual is in a care home</div> <div><input type="checkbox"/> Individual is working in a care home</div> <div><input type="checkbox"/> Individual is a Health Care Worker</div> <div><input type="checkbox"/> Individual is a Social Care Worker</div> <div><input type="checkbox"/> Individual is Immunosupressed</div> <div><input type="checkbox"/> Individual is clinically at risk</div>	<div><input type="checkbox"/> Individual is in a Household with Immunospuressed People</div> <div><input type="checkbox"/> Individual is a Carer</div> <div><input type="checkbox"/> Individual needs to be re-vaccinated as a result of CAR-T Therapy/Stem Cell Transplant</div>
Ethnic Category:	

Clinical Screening	
(Tick any that apply to the patient)	
<div><input type="checkbox"/> Individual has indicated they are, or could be pregnant</div>	

Vaccination Record	
Patient Consent	<div>1. They agree to be given a vaccine by a trained clinician</div> <div>2. They declare that the information given is correct and complete</div> <div>Patient Consent Given? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Clinician's Approval	<div>Is the individual suitable to receive a vaccine today? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Clinical Notes:	
Responsible Clinician:	Responsible Drawer:
Drawn up by:	Administered by:

Flu Vaccination - HelixHub Offline Form



Vaccination Record

Vaccine:	Dose amount:
Batch/Lot No:	Serial No:
Date Administered:	Time:
Route of Administration:	Site of Administration:
Protocol:	

Entered into HelixHub on (Date):

By: