

# STAFF FLU VACCINATION FORM 2021/22

**First name:** ..... **Surname:** ..... **DOB:** ...../...../..... **Age** .....

**Dept/Ward:** ..... **Payroll/ESR number:** ..... **Job Title:** .....

The Occupational Health Service (OHS) will collect your personal information to record that you have been immunised, this information will be stored confidentially within the OHS. During the COVID pandemic your Flu and COVID immunisation data may also be stored on your personal vaccination record, accessible by your General Practitioner. The overall uptake of the influenza vaccine is required to be shared with Public Health Wales at a national level, but this information does not identify the individual, only the numbers and groups of staff who have been immunised.

In addition, we will inform the management team within your organisation, collating the staff flu statistics, whether you have received the influenza vaccine. This is in line with the control of substances hazardous to health regulations and the Green Immunisation Book requirements which states:

*'Following immunisation, the managers of those at risk of occupational exposure as well as the workers themselves need to have sufficient information about the outcome of the immunisation to allow appropriate decisions to be made about potential work adjustments / restrictions.'*

## SECTION 1 TO BE COMPLETED BY ALL STAFF

### 1. Who is your employer? (All users)

Hywel Dda UHB	Public Health Wales	NWSSP
Agency	Volunteer	Other (please state)

### 2. CONSENT – Please tick one

- I consent to receiving the flu vaccine – **please complete section 2**
- I have received my flu vaccine elsewhere: Date: ...../...../..... Where: .....
- I am declining vaccination (There is an expectation that all front line staff are vaccinated, if you choose not to receive the vaccine, please give reason in section 4 on the back of this form)

SECTION 2 If consent given- please take time to answer the questions below.	YES	NO
Are you pregnant?		
Are you unwell today or have you been unwell recently?		
Are you offered the flu vaccine by your GP surgery? (If yes, give reason in box below)		
Are you over 65 years of age?		
Have you ever had a severe anaphylactic reaction to anything?		
Are you allergic to eggs or chicken proteins?		
Have you had an allergic reaction to a flu vaccine or any component of the flu vaccine?		
Do you have a bleeding disorder or take an anticoagulant?		
Have you received any other vaccinations in the last 3 months?		
<b>If you have answered yes to any questions please provide further details below:</b>		

**Signature**..... **Date** ..... / ..... / .....

**Thank you for taking the time to complete this form. Please return to your Peer Vaccinator or Occupational Health.**

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## SECTION 2 VACCINATOR USE ONLY

### Vaccination details

Date given ..... / ..... / ..... Time given .....: ..... (24hr clock)

Batch No ..... Expiry ..... / ..... / .....

### Vaccine site

Deltoid Left  Right

### GP notification

Yes  Not required

### Type of Vaccinator

- Peer Vaccinator
- Occupational Health
- Bank
- MVC
- Other .....

### Administered by

Printed name.....

Signature.....

Nadex ID/Cymru username .....

**Please ensure all completed consent forms are returned to Occupational Health department asap to ensure timely input to individual vaccine record**

## SECTION 3 DATA INPUTTING – Admin use only

Date received in occupational health ..... / ..... / .....

Date inputted ..... / ..... / .....

## SECTION 4 Further Comments