

Name

Date of birth

Job Title

Ward / department

NHS number

Payroll number

Employer (if not South Tees)

Consent

I am signing below to confirm that I have read and understood the information laminate regarding influenza vaccination and that I consent to be vaccinated.

Signature

Preferred vaccination site

LEFT ARM RIGHT ARM

OFFICE USE ONLY

Date given

Batch number and expiry date

Vaccinator name

Professional Reg. No.

Signature

I HAVE ALREADY HAD A FLU JAB AT MY GP SURGERY

GP practice name

I am signing the above to confirm that I have had my vaccination at my GP surgery and give consent for Occupational Health to include this information against the Trust uptake rates for staff at South Tees Hospitals NHS Foundation Trust.