FIFE STAFF FLU IMMUNISATION CONSENT FORM 2018

Fife Health & Social Care Partnership — Supporting the people of Fife together

NHS Fife

Please complete this questionnaire by placing a cross **X** in the box you wish to select. If you make a mistake, fully blacken ■ the incorrect choice then make a new selection. Please complete using a black ball point pen.

All information is kept strictly confidential. We use this only for statistical reporting purposes and to help plan for future campaigns; all identifying details will be removed before the data is used.

Name ______________________ Date of Birth ______________________

Address ____

Post Code ______________________

I have read and understood the vaccine information leaflet. The clinician has explained to me the need for the immunisation, the associated risks, the potential side effects and the recommended waiting time and I ***consent to** / **decline** (* delete as necessary) the administration of the vaccine.

Signature ______________________ Date ______________________

You are advised to wait in the department for 5 minutes following vaccination

Please select, I am

NHS Staff ☐ Fife Council Social Care Staff ☐

ALL STAFF Please select where you are based

Adamson Hospital	☐	Cameron Hospital	☐
Glenrothes Hospital	☐	Lynebank Hospital	☐
Queen Margaret Hospital	☐	Randolph Wemyss Hospital	☐
St Andrews Hospital	☐	Stratheden Hospital	☐
Victoria Hospital	☐	Whyteman's Brae Hospital	☐
Community GP Practice	☐	Community Other - please specify	☐

If Other: ☐

Ward / Department / Practice: ☐

NHS STAFF ONLY Please select which job family you belong to

Administrative Services (HR/Finance/Reception etc)	☐	Allied Health Professional (clinical)	☐
Allied Health Professional (non-clinical)	☐	Dentist & Dental Support	☐
General Practice Staff	☐	Healthcare Sciences	☐
Medical Practitioner (Consultant/Specialist/ Registrar etc)	☐	Medical Support Services	☐
Midwifery (Registered)	☐	Midwifery (Unregistered)	☐
Nursing (Registered)	☐	Nursing (Unregistered)	☐
Support Services (Porters/Domestics/Security/ Estates etc)	☐	Therapeutic Services (Psychology/Optometry etc)	☐
Other - please specify	☐		

If Other: ☐

FIFE COUNCIL SOCIAL CARE STAFF ONLY Please select which job family you belong to

Care Home Staff ☐ Community Care Staff ☐ Housing ☐ Other ☐

If Other: ______

Do you have direct caring duties

YES ☐ NO ☐

Do you visit clients at home?

YES ☐ NO ☐

ALL STAFF Which age group do you belong to

Under 20 years ☐ 20 to 29 years ☐ 30 to 39 years ☐ 40 to 49 years ☐

50 to 59 years ☐ 60 to 64 years ☐ 65 years or above ☐

ALL STAFF
Please complete all questions

	YES	NO
Are you pregnant?	☐	☐
Are you feeling well today?	☐	☐
Do you have a temperature?	☐	☐
Do you have any allergies including food allergies?	☐	☐
Have you ever had an allergic reaction to a vaccine?	☐	☐

ALL STAFF Have you been diagnosed with or are you taking medication for any of the following

	YES	NO
Clinically low immunity due to disease or treatment	☐	☐
Diabetes	☐	☐
Heart Disease	☐	☐
High Blood Pressure	☐	☐
Kidney Disease	☐	☐
Respiratory Disease including COPD	☐	☐
Stroke	☐	☐

ADMINISTRATIVE USE ONLY

Venue name: ______

Clinician name - please print clearly: ______

Are you

Immunisation Team ☐ Occupational Health ☐

Peer Vaccinator ☐ Other please specify ☐

Other: ______

CLINICIAN TO COMPLETE - If Fife Council Social Care staff member please use separate slip

Vaccine name: ______ Dose Given: ______

Batch No.: ______ Expiry Date: ______

Site given: ______ Date / Time given: ______

Comment: ______

Given by (please print clearly): ______

Signature: ______