

The Medical Centre
 392 Little Horton Lane
 Bradford
 BD5 0NX

T: 08454 379456
 F: 01274 750663
info@hghealthcare.co.uk

2011 Pre Flu Vaccination Questionnaire

Please complete all sections of this form and had it to the nurse when you go for your flu vaccination

Your Full Name	
Title	
Date of Birth	
Your Employer	
Your location	

Please complete the following:

	Yes	NO
Are you under 16 years old?		
Are you pregnant?		
Are you allergic to eggs or chicken?		
As far as you are aware are you allergic to any of the following antibiotics: Gentamicin, Polymixin B, Neomycin, Kanamycin, Formaldehyde, Octoxinol 9?		
Are you feeling unwell at present?		
I have been asked if I have any problems related to receiving the influenza vaccine.		
I consent to receiving a single dose of vaccine?		

The nurse will check this information with you again before you have your flu vaccine

Signed

Date