**Crown Medical Practice** 

**Please pass this sheet to the Practice Nurse or Doctor when called for your vaccination.**

**I hereby give my consent to be administered with the Influenza vaccine**

**I HAVE HAD the flu vaccine before – please highlight if you HAVE NEVER HAD the flu vaccine before.**

**I HAVE NOT HAD an adverse reaction to the flu vaccine or any other injection before.**

Patient’s signature ……………………………………………….. Date: dd/mm/yyyy

**WHILE GETTING CLOSER IN THE QUEUE PLEASE HAVE YOUR**

**NON-DOMINANT ARM READY FOR THE INJECTION**

…………………………………………………………………………………………………………………………………………………………….

**FOR OFFICE USE ONLY:**

 Administered by:

Patient’s age on 31st of March 2021: ……….

 Dr M Burnett

***QUAD*** Dr D Titterington

  **ATIV - TRI**  Dr A Martin

Dr R Keltie

Batch number : [ please apply sticker here ] Dr G Norman

Expire date: …………………………… Dr J Pitman

 Dr A Serafin

Arm Left Isobel Mackenzie

 Right Nell MacGillivray