**Patient Information Leaflet for Flu Clinics October 2020**

* This year due to COVID 19, our flu clinics will be run differently.
* When you contact the surgery to book your flu appointment, you will be given a **time slot** to come to the surgery.
* **Print off the checklist** that is attached to this document, **fill it in and bring it with you** to your appointment. This is imperative.
* **If you do not have this form with you, you will not get your vaccine on the day** and you will have to telephone the surgery to reschedule an appointment at our next available clinic.
* You can pick a copy of this leaflet and checklist up from our porch area.
* You will arrive for your appointment at the front door where you will have to **queue following social distancing rules and remaining 2 meters apart** from other patients. You **must wear a mask**.
* You will have your **temperature taken** at the front door **via the use of a forehead temperature scanner. If your temperature is 37**.8\***C or above**, you will be sent home and will need to telephone us to reschedule at our next available clinic when it is safe for you to do so.
* Only **one person** will be allowed into our **porch area** at a time.
* There will be a member of staff directing patients into the surgery to ensure social distancing within the surgery. This member of staff will ask for your checklist and check it. She will return it to you.
* You will be asked to get your **arm ready for the administration of the vaccine.** If this means removing coats etc., this will be done in the porch before you enter the surgery so as to ensure that you are ready for your vaccine and not delaying the flow of patients. This point is not relevant for the children getting the nasal flu vaccine.
* You will be directed to one of the vaccination stations on the ground floor of the surgery.
* You will be asked by the vaccinator for your form. The form will be checked again. Your **name, date of birth and address will be double checked.** You will be given your flu vaccine.
* You will directed to leave the surgery via the back door whilst ensuring social distancing.
* If you feel unwell after receiving your flu vaccine, you should return to the surgery and speak to the Doctor.

Remember if you have any of the following COVID related symptoms DO NOT come to the surgery for your flu vaccination. Contact the surgery on the telephone to reschedule your appointment.

* New continuous cough
* A high temperature or fever
* Loss of taste and/or smell

**PATIENT CHECKLIST for Flu Clinic October 2020**

**This form should be printed off, filled in and brought to your flu vaccine appointment. You will not get your vaccine without it.**

**Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age at 31st March 2020\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of vaccine:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer the questions carefully and hand this sheet to staff on request. Please circle the correct answer.**

* Are you in normal health at present? YES/NO
* Have you had a flu vaccination before? YES/NO

If you have answered NO to either of these questions, please advise the vaccinator

**CONTRAINDICATIONS**

* Have you ever had any reaction to any previous vaccination? YES/NO
* Do you have an egg allergy? YES/NO
* Do you have an infection or are you on any antibiotics at present? YES/NO
* Do you have any illness which may affect your immune system? YES/NO
* Are you on chemotherapy, or getting radiotherapy? YES/NO
* Do you require any further information before you receive your YES/NO

vaccination?

**If the answer to any of the above questions is YES please advise the vaccinator**

**The above information is correct and I consent to be given the flu vaccine**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use: Form checked at Reception YES**

 **Form checked by Vaccinator YES**

 **Vaccinator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**