



**BE WISE  
IMMUNISE**  
Staff flu vaccinations



Name (as displayed on ESR/medical records)

Date of birth

Home address (including house number)

Postcode

Job Title

Ward / department

NHS number

Payroll number

Employer (if not North Tees and Hartlepool)

Consent

**I am signing below to confirm that I have read and understood the information provided 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

Where has it been recorded

ESR ☐ RAVS ☐ Other

**I HAVE ALREADY HAD A FLU JAB AT MY GP SURGERY**

☐

GP practice name

Date

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 North Tees and Hartlepool NHS Foundation Trust.