Record a vaccination form

Date of vaccination

DD MM YYYY	

Site (only if your organisation has more than 1 site for vaccinations)

Site name	

Vaccinator's name

First and last name	

Vaccine details

Vaccination type (for example, flu)	
Product name (for example, Fluenz)	
Batch number	
Batch expiry date DD MM YYYY	
Dose sequence (for example, 1st dose)	

Why are you giving the patient the vaccine?

Eligibility reason	

If the patient is a healthcare worker, what is their role?

Staff role	☐ Doctor ☐ Qualified nurse or midwife ☐ All other professionally qualified clinical staff ☐ Clinical support ☐ Non-clinical

If the patient is pregnant, what is their due date? (only for pertussis and RSV)

DD MM YYYY	

Where is the vaccination taking place? (only for COVID-19)

☐ On site
☐ Care home
☐ Housebound patient's home
☐ Outreach event

If the location is a care home, enter the name or ODS code of the care home

Name or ODS code	

Patient details

NHS number	
First name	
Last name	
Date of birth DD MM YYYY	
Gender	☐ Male ☐ Female ☐ Other ☐ Unknown
Postcode	

Consent

Consent given by	☐ Patient ☐ Clinician acting in the patient's best interests ☐ Person with lasting power of attorney for health and welfare ☐ Parent or guardian ☐ Independent mental capacity advocate ☐ Court appointed deputy

If someone gave consent on behalf of the patient, enter their details

Name	
Relationship to patient	

Where did you give the injection? (only for injected vaccines)

☐ Left arm
☐ Right arm
☐ Left buttock
☐ Right buttock
☐ Left thigh
☐ Right thigh

Did you give a full dose of the vaccine? (only for Fluenz nasal flu vaccine)

☐ Yes, both nostrils
☐ No, 1 nostril only