

COVID 19 VACCINATION FORM

Name	MARGERLY, Katrina (Miss)
Address	1 Wing House Wing Road Leysdown-On-Sea Sheerness Kent ME12 4QR
Telephone Number	/ 07484257634
Date of Birth	24-May-1967 / 54y
GP Practice	St Georges Medical Centre 55 St Georges Avenue Sheerness/ME12 1QU
Emergency contact	
NHS NO	400 067 0514

DOES THE PATIENT HAVE ANY OF THE FOLLOWING? IF YES TO ANY, DO NOT VACCINATE TODAY

☐ **HIGH TEMPERATURE**

Allergies:

Allergies

☐ **NEW, CONTINUOUS COUGH**

☐ **LOSS OR CHANGE IN SENSE OF SMELL**

☐ **FLU VACCINATION GIVEN IN LAST 7 DAYS**

Patient Clinically Suitable?

Yes ☐

No ☐

Please state reason not vaccinated:

☐ Symptomatic or generally unwell

☐ Immunisation contraindicated

☐ Immunisation consent not given

Additional Information			
Occupation	1. Are you a carer? 2. Are you a social care worker? 3. Are you a health care worker? 4. Do you work in a residential care home for older people? 5. Do you live in a residential care home? ☐ Not Stated	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No ☐ No ☐ No
Ethnic Category	What is your ethnic category? White ☐ British ☐ Irish ☐ Other White Mixed ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian		

	☐ Other Mixed Asian or Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian Black or Black British ☐ Caribbean ☐ African ☐ Other Black Other Ethnic Groups ☐ Chinese ☐ Other ☐ Not Stated
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Manufacturer	
Batch Number	
Expiry Date	
Given by	

Dose (1 st or 2 nd)	
Injection Site	
Consent given?	
Consent from?	
Vaccination date	

Adverse reaction once vaccination given?

☐

Yes

☐

No