NHS
University Hospitals Birmingham
NHS Foundation Trust

Flu Reporting Form

Name		Employee ID		
Department/Ward	Site	Flu	COVID	Both
Division	Title			
Date of birth				

Does your role require you to have direct contact with patients?	Yes	No

PLEASE CIRCLE YOUR PROFESSIONAL GROUP

Medical & dental	Nursing & Midwifery registered (except nursing associates)	Additional professional scientific and technical	Additional Clinical Services (including Nursing Associates/ Trainee Nursing Assoicates, and other supporting roles up to Band 4 except Admin and Clerical)
Allied health professionals		Healthcare scientists	
Admin & clerical	Students	Estates & ancillary	Theatre practitioners

Are you allergic to eggs/ovalbumin/chicken?	Yes	No
Have you ever had any adverse reaction to vaccination?	Yes	No
Do you currently have a fever?	Yes	No
As far as you are aware, do you have an allergy to Synthetic rubber ☐ Formaldehyde ☐ Octoxinol 9 ☐ Neomycin ☐ n/a ☐		
Do you have a clotting disorder?	Yes	No
Are you currently taking any of the following medication? Warfarin ☐ Phenytoin ☐ Theothylline ☐ Other anticoagulants ☐ n/a ☐		

Flu batch no: Expiry date:	COVID batch no: Expiry date:
Vaccinators name:	Vaccinators post: