



Flu Vaccine Booking Form

Vaccination Type

Child - Nasal HSE Under 65 HSE 65 and over Private Corporate

Patient Details:

Date and Time of Appointment: _____

Name: _____ DOB: _____

Email: _____ Mobile: _____

Address: _____

PPS/Medical card number: _____ Gender: _____

GP name and address: _____

If for a child under 16, parent/guardian's name and relationship to child _____

Have you ever had a severe allergic reaction to a vaccine, food or drug? Yes No

Details of allergy: _____

Check with Pharmacist before proceeding to book.

For those receiving HSE Vaccine; Select one or more of the following:

Aged 65 and Over	Chronic Heart Disease	
Children aged 2-17 inclusive	Pregnant women	
Chronic respiratory disease	Chronic Renal (kidney) Disease	
Diabetes Mellitus	Haemoglobinopathies such as sickle cell anaemia	
Chronic Liver Disease	Chronic Neurological Disease; including Multiple Sclerosis	
Hereditary and Degenerative Disorders of the Central Nervous System	Cancer Patients	
Residents of Nursing Homes or other Long Stay Facilities	Children with Conditions that compromise respiratory Function e.g. spinal cord injury; seizure or other neuromuscular disorder	
Morbid Obesity i.e. Body Mass Index over 40	Those who are immunocompromised (due to disease or treatment)	
Healthcare Workers	Carers of persons with increased medical risk	
Household contacts of persons with increased medical risk	People who have close; regular contact with pigs poultry or water fowl	
Down Syndrome	Children on long term aspirin therapy	

Entitled to free vaccination: Yes No

Entered on Booking Site

Advice to Patient:

- Not to attend if they have a fever, or covid symptoms, are a close contact etc.
 - Temperature will also be checked on the day
- Wear a face mask
- Wear loose fitting clothing to allow an injection in the upper arm
- They will be asked to wait in the pharmacy for 15 mins after vaccination