

MONTGOMERY-HOUSE SURGERY – 2020 ADULT ONLY FLU CLINICS

Please print this form, complete it and bring it with you to the Flu clinic

First Name		Last Name		
DoB		AGE		
ADDRESS				
			Yes	No
Have you received the flu vaccine this flu season (from September 2020)?				
Have you had a previous allergic reaction to any vaccine including the flu vaccine?				
Are you currently undergoing BCG treatment for bladder cancer?				
Are you allergic to egg? (This means would you have an anaphylactic episode if in contact with egg)				
Are you currently feeling unwell (if you have a feverish illness you shouldn't have the flu vaccine today)?				
Do you have any COVID-19 Symptoms – Fever, new continuous cough, loss of taste or smell? (if you have PLEASE DO NOT attend today)				

PLEASE WEAR A FACE COVERING AND MAINTAIN 2m APART FROM OTHER PATIENTS WHEN ATTENDING THE PRACTICE

Practice Use only: Date:

FLU		
Fluad aTIV (64+)	Batch	
TETRA (9-99yrs)	Batch	
Arm	L	R

PNEUMO		
	Batch	
Arm	L	R

SHINGLES		
	Batch	
Arm	L	R