



DEMENTIA CARE



NURSING CARE



HELP AT HOME



GAS & ELECTRICAL CARE



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Consent for Initial and Boosters as deemed appropriate by GP

INFLUENZA AND COVID VACCINATION CONSENT

Residents Details		
First name		
Surname		
Date of Birth		
Consent		
<ul style="list-style-type: none"> I / We agree to being given a Flu and COVID vaccination <input type="checkbox"/> I declare that the information I have given is correct and complete I consent to the disclosure of relevant information, from this form to my GP practice to help them provide care for me 		
Any Allergies		
Eligible Patient group	<input type="checkbox"/> Aged over 65	<input type="checkbox"/> Chronic respiratory disease
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic kidney disease
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> chronic neurological disease
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression
	<input type="checkbox"/> Splenic dysfunction	<input type="checkbox"/> Person in long stay or residential home

Name of Resident: _____

Resident / POA / Relative signature: _____

Name (in block capitals) _____

Date: _____

