

Cheddar Medical Centre

2021 Flu Form

Please complete in BLOCK CAPITALS

Name: Age:

You cannot have an influenza vaccination if you have a fever.

Do you feel feverish today? Yes/No

Have you had an influenza vaccination before? Yes/No

Have you ever had an allergic reaction to a Vaccination? Yes/No

Do you have an allergy to egg or neomycin (antibiotic)? Yes/No

Vaccine given into :

Right arm

Left arm

Complete this form and bring it to your appointment.