



Auchtermuchty Health Centre

12 Carswell Wynd, Auchtermuchty, Fife, KY14 7AW

www.auchtermuchtymedical.co.uk

FLU, PNEUMOCOCCAL AND SHINGLES IMMUNISATIONS 2017/2018

It is recommended that all those eligible for the flu vaccination are also immunised against the pneumococcal germ (If the pneumococcal vaccine has not previously been given). This is a germ responsible for some forms of pneumonia, meningitis and blood poisoning. **THE PNEUMOCOCCAL VACCINE IS ONLY USUALLY GIVEN ONCE.**

Please fill in your name and date of birth:

Surname: _____ Forename: _____ Date of birth: ____/____/____

Please tick ANY that apply:

- Do you feel unwell, have a temperature or current infection?
- Are you allergic to either eggs or chicken?
- Have you had a reaction to a previous immunisation?
- Are you pregnant?
- Are you allergic to any antibiotics?
- Do you think you have had a pneumococcal immunisation before?

- I am an ex-smoker
- I have never smoked
- I am a current smoker

I am receiving the immunisation because I am 65 years of age or over, or I will be 65 years of age by end of March next year (2018).

OR: (please tick)

- I suffer from Chronic Heart Disease
- I suffer from Chronic Renal Disease
- I suffer from Chronic Respiratory Disease
- I suffer from Chronic Liver Disease
- I suffer from Chronic Neurological Disease
- I suffer from Diabetes
- I suffer from Immunosuppression due to disease or treatment
- I am currently Pregnant
- Patient living in long stay care/residential homes
- I am a carer for an elderly or disabled person

I wish to receive the following injections:

FLU IMM

PNEUMOCOCCAL IMM

SHINGLES VACCINE (tick as appropriate)

Age 70 - 74 **02/09/42 - 01/09/47**

Age 76 - 79 **02/09/37 - 01/09/41**

Signature: _____ Date: _____

The following questions are for completion with a Health Care Professional during consultation.

	YES	NO
1 Do you feel unwell today?		
2 Have you had shingles or post herpetic neuralgia (nerve pain following shingles) in the past year?		
3 Have you had a serious allergic reaction (anaphylaxis) to a previous dose of shingles or varicella (chickenpox) vaccine or any of the vaccine components including neomycin or gelatine?		
4 Have you ever had cancer, leukaemia or lymphoma?		
5 Have you ever had an organ or bone marrow transplant?		
6 Do you have HIV/AIDS or any other health condition that weakens your immune system?		
7 Do you have rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis or inflammatory bowel disease?		
8 In the last 12 months have you taken medicine that weakens your immune system such as oral steroids, anti-cancer drugs, biological therapy, radiotherapy or chemotherapy?		
9 Have you been treated recently with oral antivirals such as acyclovir?		