



# Auchtermuchty Health Centre

12 Carswell Wynd, Auchtermuchty, Fife, KY14 7AW  
[www.auchtermuchtymedical.co.uk](http://www.auchtermuchtymedical.co.uk)

## FLU and PNEUMOCOCCAL IMMUNISATIONS 2018/2019

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

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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 (2019).

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OR: (please tick)

- I suffer from Chronic Heart Disease
- I suffer from Chronic Renal Disease
- I suffer from Chronic Respiratory Disease incl Asthma
- 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 have a BMI over 40

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I wish to receive the following injections:

**FLU IMM**

**PNEUMOCOCCAL IMM**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_