



Community Pharmacy Seasonal Influenza Vaccination – Eligibility Declaration

* indicates sections that must be completed

This form should be used in conjunction with the Influenza vaccination consent form to record a patient's eligibility to receive a funded vaccine, where a patient is under 65.

Patient's details

First name* _____ Surname* _____

Address _____

Postcode _____ Telephone _____

Date of birth* _____ NHI Number (if known) _____

GP practice _____

Eligible patient group*

- | | | | |
|-----------------------|--------------------------|---|--------------------------|
| Aged 65 and over | <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"/> | Pregnant woman | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | Other eligible condition (see influenza.org.nz for full details of eligible conditions) | <input type="checkbox"/> |

Patient declaration

- I declare that the information I have given on this form is correct and complete.
- I consent to the disclosure of relevant information, where appropriate, from this form to:
 - my GP practice; and
 - the National Immunisation Register.

Signature:

Date:
