**TEMPLATE Care home providers letter of evidence**

Dear Community Pharmacy

This is to certify that this person is an employee at *[insert employer name and address]*.

The employee is a health and social care worker (aged 18 years and over) employed by our organisation that is directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

We certify that our organisation is a registered residential care/nursing home or registered domiciliary care provider.

This document is evidence that this person is eligible to receive an NHS Flu Vaccination.

If you have any questions about this employee, please contact us at *[insert employer name, address and telephone number].*

Yours sincerely

*[Insert provider organisation letterhead or stamp]*