

## NHS Childhood Flu and COVID-19 Vaccination Services

To safely provide a flu vaccine to a child/young person, we first need to ask a few questions. Please complete this form before your or the child/young person's vaccination consultation.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                              |                                                                  |                                   |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|---|
| Child/young person's name:                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                              | Date of birth:                                                   | /                                 | / |
| Postcode:                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                              |                                                                  |                                   |   |
| Which vaccine(s) does the child/young person need today?                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                              | <input type="checkbox"/> Flu                                     | <input type="checkbox"/> COVID-19 |   |
| <b>Please note:</b> Minimum age restrictions apply to this NHS service. A child must be aged 2 years or older for flu vaccination and must be aged 5 years or older for a COVID-19 vaccination.                                                                                                                                                                                                                                                |  |                                                                                              |                                                                  |                                   |   |
| <b>Questions for all patients</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                              |                                                                  |                                   |   |
| 1. Is the child/young person currently suffering from a high temperature or feeling unwell today?                                                                                                                                                                                                                                                                                                                                              |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| 2. Does the child/young person suffer from any medical conditions?                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| 3. Is the child/young person taking or using any medicines, receiving any medical treatment or due to receive any planned medical treatment or another vaccination?                                                                                                                                                                                                                                                                            |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| 4. Is the child/young person pregnant or likely to be pregnant?                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| 5. Has the child/young person ever had any of the following: <ul style="list-style-type: none"> <li>• A severe allergic reaction (anaphylaxis) to eggs requiring intensive care at hospital?</li> <li>• A confirmed severe allergic reaction (anaphylaxis) to any previous vaccine?</li> <li>• A confirmed severe allergic reaction (anaphylaxis) to any component of a vaccine, such as egg, neomycin, gentamicin, polysorbate 80?</li> </ul> |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| <b>Please only answer the following questions if the child/young person requires a flu vaccine</b>                                                                                                                                                                                                                                                                                                                                             |  |                                                                                              |                                                                  |                                   |   |
| 6. Has the child/young person had a flu vaccine in a previous year?                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| 7. Has the child/young person already had a flu vaccination since 1st September 2026?                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes (one flu dose and due a second) | <input type="checkbox"/> No<br><input type="checkbox"/> Not sure |                                   |   |
| 8. Is there any objection to a vaccine that contains porcine gelatine?                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| 9. Is anyone in your family currently having treatment that very severely affects their immune system?                                                                                                                                                                                                                                                                                                                                         |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| 10. Is the child/young person suffering from heavy nasal congestion?                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| <b>Please only answer the following questions if the child/young person requires a COVID-19 vaccine</b>                                                                                                                                                                                                                                                                                                                                        |  |                                                                                              |                                                                  |                                   |   |
| 11. Has the child/young person already had a COVID-19 vaccination since 1st October 2026?                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| 12. Has the child/young person any history of any of the following: Myocarditis (swelling of the heart muscle); Pericarditis (swelling of the lining around the heart); Guillain-Barré syndrome (GBS); Idiopathic thrombocytopenic purpura (ITP); Capillary leak syndrome (CLS)                                                                                                                                                                |  |                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                   |   |
| <b>Thank you for completing this form. Please return it to a member of the pharmacy team.</b>                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                              |                                                                  |                                   |   |

**For the pharmacy team:**

Ask the young person or parent/guardian about eligibility for vaccination, so you can identify whether any of the criteria apply to them (full details of eligibility can be found in the Green Book and NHS England guidance):

**For childhood flu vaccination**

- ☐ Aged 2- or 3-years-old on or before 31st August 2026
- ☐ Aged 4 years to under 18 years and is / has:
  - ☐ Chronic respiratory disease
  - ☐ Chronic kidney disease
  - ☐ Chronic neurological disease
  - ☐ Diabetes and adrenal insufficiency
  - ☐ A carer
  - ☐ Immunosuppression due to disease (such as HIV/AIDS) or treatment (such as for cancer)
  - ☐ Morbid obesity (aged 16 or 17 years old) (BMI  $\geq 40$ )
  - ☐ Homeless (aged 16 or 17 years old) (rough sleepers using homeless hostels or night shelters)
  - ☐ Household contact of immunocompromised individual
  - ☐ Person in long-stay residential care home or care facility
- ☐ Chronic heart disease and vascular disease
- ☐ Chronic liver disease
- ☐ Learning disability
- ☐ Asplenia / splenic dysfunction
- ☐ Pregnant
- ☐ School Aged child/younger person (from Reception to Year 11) (**From 1st December 2026 only**)

**For COVID-19 vaccination**

- ☐ Aged 5 years to 17 years and are immunosuppressed as defined in the immunosuppression section of either table 3 or 4 of the COVID-19 chapter of the Green Book.

**If the patient could not be vaccinated, record the reason why:**

- ☐ Acute illness (including febrile illness)
- ☐ Patient / parent declined vaccination
- ☐ Heavy nasal congestion
- ☐ Anaphylactic reaction to previous vaccine
- ☐ Allergic to vaccine or component(s)
- ☐ Unable to provide or not willing to consent
- ☐ Other reason:

**Advice provided to patient or parent/guardian if not able to be vaccinated:**

**Where LAIV is unsuitable and IIVc is administered, record the reason why:**

- ☐ Non-acceptance of porcine content
- ☐ LAIV medically excluded
- ☐ Pregnancy

Also record this information in the free-text notes section of RAVS.

**If the patient is having a second flu vaccine dose, ensure this is not less than 4 weeks since the first dose and record the reason why:**

- ☐ In a clinical risk group
- ☐ Household contacts of individual with immunosuppression

Also record this information in the free-text notes section of RAVS.

Consultation  
date:

/ /