# **National Influenza Immunisation Programme for 2019-20**

## To the manager of CIW registered Domiciliary Care Providers:

Please complete the below details and hand a copy of this form to each eligible staff member in your organisation. They can then take this to their nearest participating pharmacy to obtain a flu vaccination

**Name of Registered Care Provider organisation**:

**Organisation postcode**:

**Staff member to be vaccinated**:

# Declaration:

I confirm that the person named above is employed at the above CIW registered Care Provider agency and is directly involved in providing care to vulnerable patients/clients who are at increased risk from exposure to influenza adults and living in the Health Board area.

**Signature of manager (or nominee)**:

**Name of manager (or nominee)**:

## To the community pharmacist:

The person named on this form is eligible for vaccination under the National Influenza Immunisation Programme for 2019-20. Please vaccinate them in line with the PGD and record the vaccination in Choose Pharmacy as normal, selecting the Domiciliary Care Provider category on Choose Pharmacy.

If you have any questions, please contact the Medicines Management team:

* **Flintshire/Wrexham**: Simon Gill at Simon.Gill@wales.nhs.uk
* **Conwy/Denbighshire**: Rory Wilkinson at Rory.Wilkinson@wales.nhs.uk
* **Ynys Môn/Gwynedd**: Gwyn Peris-Jones at Gwyn.Peris-Jones@wales.nhs.uk