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

## To the care home manager:

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 care home**:

**Care home postcode**:

**Type of care home:**

* Nursing (Adult)
* Residential (Adult)

**Staff member to be vaccinated**:

# Declaration:

I confirm that the person named above is employed at the above care home, which provides services to adults and provides services to patients living in the Health Board area.

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

**Name of care home 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 care home staff eligibility criteria.

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