

OFFICE USE ONLY

Date of nasal flu vaccination ____/____/____	Batch number/ expiry date	Immuniser (please print)	Where administered (school, college, GP etc)
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DETAILS OF TREATMENT CURRENTLY BEING GIVEN TO CHILD OR FAMILY MEMBER - TO BE COMPLETED BY PARENT / GUARDIAN

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Eligibility checked by	Signed	Date ____/____/____
Date of attempted vaccination ____/____/____	Reason vaccination not given	
Date ____/____/____	Post immunisation issues / adverse reactions / notes	