

Season Influenza vaccine (jab) consent form for adults – Easy read

About you

Full name (first name and surname):



Date of birth:



Gender (tick as appropriate):

Male

Female

Prefer not to say

Home address:



NHS number (if you know it):

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Care home address (if you live in a care home):

Doctor/GP name and address:



Your personal phone number:



Ethnicity (such as British, Irish, African, South Asian, Chinese, other):



I am a woman and I have read the leaflet on pregnancy and breastfeeding.

Consent to have the Influenza Vaccine



I want to receive the Influenza Vaccine

Name:

Signature:

S Yourname

Date:

Today



I don't want to have the Influenza vaccine

Name:

Signature:

S Yourname

Date:

Today

If you don't want to have the vaccine can you tell us why?



Thank you for completing this form.