

# FLU / PNEUMOCOCCAL VACCINATION

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

PPS Number: \_\_\_\_\_

GMS Number: \_\_\_\_\_

I consent to have the: (Please tick box)

Flu Vaccination

Pneumococcal Vaccination

I have been made aware by my Medical Practitioner of the small risk / adverse reactions to the Flu / Pneumococcal Vaccination. These include: redness, temperature, irritation around the injection site, etc. A small red lump may appear, in this case use a cold compress for same. If no improvement you will need to be seen by the doctor. You may take Paracetamol for flu like symptoms.

Signed: \_\_\_\_\_

Vaccinator: \_\_\_\_\_

Date Given: \_\_\_ / \_\_\_ / 2013

 Calderwood  
Family  
Clinic

a| 28 Sion Hill Road,  
Drumcondra,  
Dublin 9

t| +353 1 507 9500  
f| +353 1 507 9501  
e| info@calderwoodfamilyclinic.ie  
w| calderwoodfamilyclinic.ie