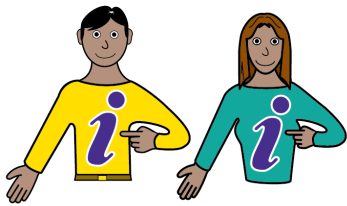


Consent Form for Flu Vaccine.

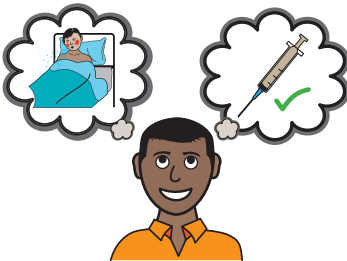
This is for people **who have capacity**



Name.

NHS number.

Date of Birth.



I am here to have the flu vaccine.



I have seen the information in a way I can understand.

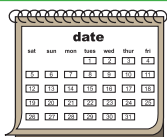


I would like to say yes to the Flu vaccine.

I would like to say
yes to the Flu
vaccine.

☐

I would like to say
no to the Flu
Vaccine.

☐

Date



Vaccine
given



Signed