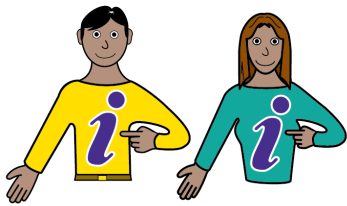


Consent Form for Flu Vaccine.

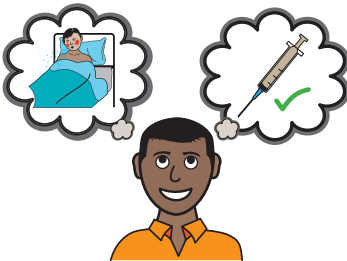
This is for people **who have capacity**



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.

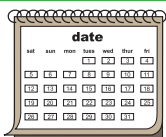


I would like to say yes to the Flu vaccine.

I would like to say
yes to the Flu
vaccine.

☐

I would like to say
no to the Flu
Vaccine.

☐

Date



Vaccine
given



Signed

MCA process has been followed This is for people who lack capacity



1. You have shown that at this time the patient lacks capacity in relation to flu vaccination and that you have considered reasonable adjustments to help the person to access the vaccine.



2. You have given the patient information in a way they can understand

- Easy read
- Interpreter
- Sign language
- Other – please state what
- You have given more time
- You have repeated the process more than once



3. You have considered that the patient is entitled to make an unwise decision.

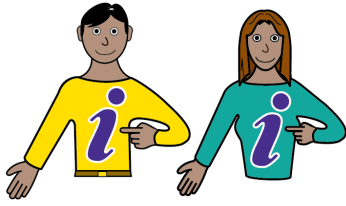


4. You have made the decision to vaccinate or not to vaccinate the patient in their best interest, taking into consideration their significant others, carers, families and partners.



5. The decision you make is the least restrictive decision to support the patient.

Recording the Best Interest decision made.



Patient Name:

Date of Birth.

NHS number:

People consulted



Name and who are they to the patient

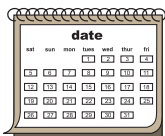
Discussions to
support your
decision



Summary of
decision that
informs outcome



Date



BI decision maker
Professional
Signature

